

J-1 Student On-Campus Employment Authorization Request:

- I understand that each employment authorization will become part of my SEVIS record and that I am required to request a new authorization form from OISSS every time PRIOR to engaging in new employment.
- I will keep OISSS informed about any changes in employment dates with the same employer by requesting timely extensions.
- I also understand that I will not be able to begin employment until I have received written permission from OISSS.

Print name	Signature	Date
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E-mail	Phone number:
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Please note:

Employment authorizations cannot exceed one year at a time need to be renewed accordingly.

Employer name: _____
(name of employing department, office or organization)

Employer address:

Street	City	State and Zip Code
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Number of hours worked per week (up to 20 while school is in session; full-time during breaks): _____

Anticipated employment begin date: _____ Employment end date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Employment type (check one): Assistantship: ___ Fellowship: ___ Scholarship: ___ or Other ___ occurring on campus (please specify nature of employment): _____

Supervisor's name: _____

Supervisor's Signature: _____ Date: _____

Supervisor's phone number and e-mail: _____

On-campus employment authorization (OISSS use only)

On-campus employment authorization for _____

is granted at the department/office listed above from _____ to _____

Advisor's Name	Signature	Date
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