J-1 STUDENT: ON-CAMPUS EMPLOYMENT AUTHORIZATION

J-1 students must obtain **written approval** from their program sponsor **before** beginning any type of employment. Authorization is employer-specific; if you change jobs, you must obtain new authorization before working. Changes include position, hiring unit, and multiple on-campus jobs. Prior written authorization by a Responsible or Alternate Responsible Officer in International Student and Scholar Services (I3S) is required.

PROCEDURES

If WMU is your program sponsor (the institution that issued your DS-2019):

1. Request authorization before beginning on campus employment by submitting the completed *J-1 Student: On-Campus Employment Authorization Request Form*.
2. Eligible and complete requests will be processed in three business days and an immigration advisor will report your employment authorization in the Student and Exchange Visitor Information System.
3. Your *J-1 Student Work Authorization Letter* will be ready for pick up in three business days (please come to the reception desk on the afternoon of the third business day). Employment authorization is valid for a maximum of twelve months per site of employment. **You may use your *J-1 Student Work Authorization Letter* and original job offer letter on hiring department's letterhead to apply for a Social Security number.**

ON-CAMPUS EMPLOYMENT RULES

1. You must show your J-*1 Student Work Authorization Letter* to your employer in order to complete the on-campus hiring process.
2. J-1 on-campus employment authorizations may not exceed 20 hours per week during the semester.
3. The J-1 on-campus employment authorization is invalid if the student graduates, fails to maintain J-1 status, or transfers out of WMU.
4. Pursuant to federal regulations, the J-1 on-campus employment authorization is granted for a maximum of twelve months.
5. To renew a J-1 on-campus employment authorization or report changes, please re-submit the *J-1 Student: On-Campus Employment Authorization Request Form*.

(CONTINUED)

INTERNATIONAL STUDENT AND SCHOLAR SERVICES (I3S)
WESTERN MICHIGAN UNIVERSITY ◊ 3110 FAUNCE STUDENT SERVICES
KALAMAZOO, MICHIGAN 49008-5246 ◊ (269) 387-5865 ◊ FAX (269) 387-5899

ImageNow: Immigration Authorization Request.docx   Updated: 4/15/2021 RD   \\wade\winfs\HIGE\Share\IAS\Immigration\Forms\J\J Student\Editable\J-1 On-campus Employment

J-1 STUDENT: ON-CAMPUS EMPLOYMENT AUTHORIZATION

Part A: Student Information *(completed by student)*

Last name: _____   First name: _____

Date of birth: _____   Email: _____

SEVIS #: _____   WIN: _____

❑   Yes, I am currently a CELCIS student   ❑   No, I am not currently a CELCIS student

Statement of understanding:

I have maintained valid J-1 status since I began my course of study at Western Michigan University. I have maintained adequate health insurance required by the U.S. Department of State for myself and J-2 dependents (if any).

Student signature: _____   Date: _____

Attach a copy of your DS-2019, passport, visa, arrival/departure record (I-94)

You may request on-campus employment by meeting with an immigration advisor or by dropping off the completed request. If approved, you may pick up the on-campus employment authorization from the reception desk after three business days.

Part B: Employment Information *(completed by hiring department)*

*Please refer to reverse side for authorization process

Name of WMU hiring department: _____

Position title: _____   Number of hours (per week): _____

Requested dates of employment/fellowship/assistantship:
*J-1 Students must obtain underlined written approval from I3S before beginning any type of employment

Period from: _____   To: _____
     (must be a current or future date)   ***(may not exceed one year)***

Supervisor's name: _____   Email: _____

Signature: _____   Date: _____
Note: This J-1 work authorization request may not exceed one year.
J-1 work authorizations must be renewed yearly.

Part C: On-Campus Employment Authorization *(completed by immigration advisor)*

☐ Approved ☐ Denied for the following reason(s): _____

Name of Alternate/Responsible Officer: _____

Signature: _____   Date: _____

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