



Office of Global Affairs

Employment Authorization Request for J-1 Students

This form is for J-1 Exchange Students who have a DS-2019 issued by The State University of New York (P-1-14599). Federal regulations require that J-1 Exchange Students obtain authorization from their J-1 sponsor for all employment **in writing and in advance** of your employment start date including on campus employment. A letter from the employer verifying your offer of employment must be submitted with your request for employment authorization. Please submit these forms to your campus's Exchange Visitor Advisor for approval. Remember you can not begin work until your authorization is approved.

Employment authorization is valid for up to twelve months, until the expiration date of your DS-2019, or the end date of your employment, whichever is sooner. Employment is limited to no more than 20 hours per week from **all** sources, except during official campus breaks and annual vacation periods. A letter of employment offer must be on file with your Exchange Visitor Advisor for **each** employer.

If you intend to continue your approved employment beyond the validity date on your letter (maximum of 12 months), you will need to request a new letter by completing a new form before the work authorization ends. Refer to the "Employment Information Sheet" for more information. PLEASE WRITE CLEARLY AND LEGIBLY IF YOU ARE NOT COMPLETING FORM ONLINE.

Exchange Student Information

Exchange Visitor's Name:

Campus: Student ID:

Email: SEVIS ID: N

Signature: _____ Date: _____

Employment Information

EMPLOYER #1

Type of Employment: Assistantship Fellowship Off Campus On Campus Scholarship

Name of Employer: (business, department, office, or on-campus organization that is offering employment)

Nature of Work: (e.g. graduate/teaching assistant, cashier, food services, student/office worker, etc.)

Start Date: (MM/DD/YYYY) End Date: (MM/DD/YYYY) # of hours per week:

EMPLOYER #2 (if applicable)

Type of Employment: Assistantship Fellowship Off Campus On Campus Scholarship

Name of Employer: (business, department, office, or on-campus organization that is offering employment)

Nature of Work: (e.g. graduate/teaching assistant, cashier, food services, student/office worker, etc.)

Start Date: (MM/DD/YYYY) End Date: (MM/DD/YYYY) # of hours per week:

For RO/ARO only:

Date Received: Date Authorized in SEVIS: Completed by: (RO/ARO Name)