

Welcome Week Session Spring 2021

Karen Michael Mikel International Student Services



# Employment Options for J-1 & J-2

#### J-1 Student

- On Campus Employment
- Academic Training
- Off-Campus Employment for Serious Economic Circumstances

#### J-2 Dependent

 Employment Authorization Document (EAD) for on/off campus



### J-1 Student

- Must maintain valid J-1 status and enrolled full--time; summer enrollment optional.
- Make satisfactory progress towards program completion.
- Maintain adequate health insurance.
- Must receive employment 'written' authorization BEFORE begin working.
- If UH Mānoa is not program sponsor, student must obtain authorization from program sponsor (East-West Center, Fulbright, LASPAU, USAID, etc.).

# On-Campus Employment



#### What is it?

Employment on campus for student or employment pursuant to scholarship, fellowship or assistantship.

#### Hourly/Time Limit:

- Limited to 20 hours per week when school is in session.
- More than 20 hours per week when school is not in session.
- Can be authorized up to 12 months at a time.
- Employment terminates when student graduate/complete exchange program.



# On-Campus Employment: How to Apply

- 1. Obtain pre-authorization by completing the <u>J-1 On-Campus</u> <u>Employment an Authorization Form</u> (available on ISS website)
- 2. Show completed form to Mānoa Career Center (MCC)
- Search for on-campus employment on <u>SECE jobs database</u> (consider your class schedule, course workload, transportation, and interest) and apply.
- 4. When offered employment, complete pg 2 <u>J-1 On-Campus</u> <u>Employment an Authorization Form</u> and submit to ISS for authorization.

# Step 1

Obtain J-1 On-Campus Employment Eligibility

Page 1 of J-1 <u>On-Campus</u>
<u>Employment Eligibility and</u>
<u>Authorization Form</u>

1-3 Business Days processing at the ISS





#### J-1 On-Campus Employment Eligibility and Authorization Form

When properly completed, this form provides (1) the period in which a J-1 student is eligible for employment; and (2) authorizations for specific employment. Eligibility does not constitute authorization.

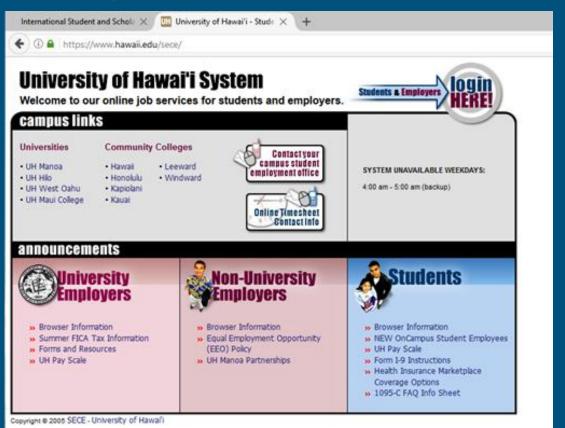
SECTION I. Student Acknowledgment. To be completed by J-1 student.									
Student Surname/Family Name		Student Given Name(s)	UHID#	UHID#					
DS-	2019 Expiration Date (mm/dd/yyyy)	Passport Expiration Date (mm/dd/yyyy)							
	the Student: Please fill in your informat vided, then submit to this form to an ISS	ion above, read the on-campus employme advisor.	nt stipulations below	and sign in the space					
	If the RO/ARO chooses to limit the number of hours per week the student may work, (s)he should inform the student. Otherwise, the student will be advised by the RO that work will not exceed 20 hours per week during the academic period pursuant to the UH APM A0 880.								
	This verification does not include eligibility requirements enforced by MCC. Students deemed ineligible by MCC will be precluded from accessing the Student Employment and Cooperative Education (SECE) on-line job system and/or establishment of student employment payroll records.								
	If the student is not currently engaged in full-time course work, this form must be accompanied by written verification issued by the RO/ARO attesting that student is authorized for a reduced course load (RCL).								
		bbs at other UH campuses on Oahu, due to							
	Any on-campus employment successfully obtained by the student through MCC during the eligibility period must be authorized by an RO/ARO before employment may begin. Each job must be recorded on the back side of this form by the student and submitted to an ISS advisor for authorization.								
	The RO/ARO may use the DS-2019 end date, passport expiration date, or completion of program, whichever is earlier, to determine eligibility and authorization dates.								
		be reported immediately to the ISS advis							
	ident Certification: As the above-named ed in Section I.	student, I hereby certify that I have read,	understand, and will	abide by the stipulations					
Stud	dent Signature	Date (n	nm/dd/yyyy)						
	CTION II. Employment Eligibility. To sponsible Officer (ARO) or an RO/ARO	be completed by ISS Advisor who is a Ro of the student's sponsoring agency.	esponsible Officer (R	O) or Alternate					
	D/ARO Certification: As Responsible Of gible for on-campus employment for the f	fficer/Alternate Responsible Officer, I her following period:	eby certify that the ab	ove-named student is					
Stud	lent On-Campus Work Eligibility Period								
Start	t Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):						
RO/	ARO Name	RO/ARO Signature		Date (mm/dd/yyyy)					
		'							

#### SEE BACK SIDE

Section III on the second page must be completed and submitted by the student to ISS for authorization as soon as employment is successfully obtained. Each job must be authorized, and employment may not begin until authorized.

# **SECE** jobs database





Must receive ISS on-campus employment eligibility in order to access Manoa Career Center student job database

# Step 2

Obtain On-Campus Employment <a href="Authorization">Authorization</a>

Page 2 of J-1 <u>On-Campus</u> <u>Employment Eligibility and</u> <u>Authorization Form</u>

1-3 Business Days processing at ISS office

SECTION III. Employment Information. Employment information must be completed by the student for each job obtained during the eligibility period. The section for authorization shall be completed by an RO/ARO.  Position Title  Supervisor Name  Employer Name  Burnly RO/ARO Signature  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Burnly RO/ARO Signature  Date (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Name  Employer Name  Employer Name  Employer Name  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Name  Burnly RO/ARO Signature  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Burnly Ro/ARO Signature  Burnly Ro/ARO Signature  Date (mm/dd/yyyy)  Supervisor Phone  Burnly Ro/ARO Signature  Date (mm/dd/yyyy)  Position Title  Supervisor Name  Employer Name  Employer Name  Employer Name  Burnly Ro/ARO Signature  Date (mm/dd/yyyy)  Supervisor Name  Burnly Ro/ARO Signature  Date (mm/dd/yyyy)  Supervisor Name  Employer Name										
the eligibility period. The section for authorization shall be completed by an RO/ARO.  Position Title Supervisor Name Employer Name    Supervisor Name   Employer Name   State   Zip Code	(form J-CE continued)									
Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Hours/Week  Street Address  State  Zip Code  Start Date:  End Date:  SEVIS Entry Date  RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Name  Employer Name  Employer Name  State  Zip Code  Start Date:  Employer Name  Employer Name  State  Zip Code  Start Date:  End Date:  Fostion Title  Supervisor Phone  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Phone  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Name  Employer Name  Employer Name  Date (mm/dd/yyyy)  Supervisor Name  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Phone  Bemployer Name  Employer Name  Date (mm/dd/yyyy)  Supervisor Phone  Bemployer Name  Date (mm/dd/yyyy)  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  RO/ARO Signature  Date (mm/dd/yyyy)	SECTION III. Employment Information. Employment information must be completed by the student for each job obtained during the eligibility period. The section for authorization shall be completed by an RO/ARO.									
Start Date: End Date:	Position Title			Supervisor Name			Employer Name			
Start Date: End Date:										
Authorized? SEVIS Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Position Title Supervisor Name Employer Name  Bart Date: End Date: RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Position Title Supervisor Phone Hours/Week Street Address State Zip Code  Start Date: End Date: RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Position Title Supervisor Name Employer Name  Date of Employer Name  Employer Name  Employer Name  Supervisor Name  Date (mm/dd/yyyy)  Dates of Employment (mm/dd/yyyy – mm/dd/yyyy)  Supervisor Phone Hours/Week Street Address State Zip Code  Start Date: End Date: Date RO/ARO Name  RO/ARO Signature Date Date Date Date Date Date Date Dat	Dates of Employmer	nt (mm/dd/yyyy – mm/d	Supervisor Phone	Hours/Week		Street Address	State	Zip Code		
Position Title    Supervisor Name   Employer Name	Start Date:	End Date:								
Position Title   Supervisor Name   Employer Name   Supervisor Name   Employer Name   Supervisor Name   Supervisor Name   Supervisor Phone   Hours/Week   Street Address   State   Zip Code   Start Date: End Date:   RO/ARO Name   RO/ARO Signature   Date (mm/dd/yyyy)   Position Title   Supervisor Name   Employer Name   Employer Name   Supervisor Phone   Hours/Week   Street Address   State   Zip Code   Start Date:   End Date:   Supervisor Phone   Hours/Week   Street Address   State   Zip Code   Start Date:   End Date:   Supervisor Phone   Hours/Week   Street Address   State   Zip Code   Start Date:   End Date:   SeVIS Entry Date   RO/ARO Name   RO/ARO Signature   Date (mm/dd/yyyy)   Date (mm/dd/yyyy)	Authorized?	SEVIS Entry Date	RO/ARO ?	lame RO/A		ARO Signature Date (mm/dd/yyyy)		m/dd/yyyy)		
Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Hours/Week  Street Address  State Zip Code  Start Date:  End Date:  SEVIS Entry Date RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)  Position Title  Supervisor Name  Employer Name  Employer Name  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Hours/Week  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Phone  Authorized?  SEVIS Entry Date  RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	□ Yes □ No									
Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Hours/Week  Street Address  State Zip Code  Start Date:  End Date:  SEVIS Entry Date RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)  Position Title  Supervisor Name  Employer Name  Employer Name  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)  Supervisor Phone  Hours/Week  RO/ARO Signature  Date (mm/dd/yyyy)  Supervisor Phone  Authorized?  SEVIS Entry Date  RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)										
Start Date: End Date:	Position Title			Supervisor Name			Employer Name			
Start Date: End Date:										
Authorized? SEVIS Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Position Title Supervisor Name Employer Name  Dates of Employment (mm/dd/yyyy - mm/dd/yyyy) Supervisor Phone Hours/Week Street Address State Zip Code  Start Date: End Date: SEVIS Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Q Yes Q No Date (mm/dd/yyyy)	Dates of Employmer	nt (mm/dd/yyyy – mm/d	d/yyyy)	Supervisor Phone	Hours/V	Veek	Street Address	State	Zip Code	
Position Title Supervisor Name Employer Name  Dates of Employment (mm/dd/yyyy – mm/dd/yyyy) Supervisor Phone Hours/Week Street Address State Zip Code  Start Date: End Date: Sevis Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Yes No	Start Date:	End Date:								
Position Title Supervisor Name Employer Name  Dates of Employment (mm/dd/yyyy – mm/dd/yyyy)  Supervisor Phone Hours/Week Street Address State Zip Code  Start Date: End Date:  Authorized? SEVIS Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Yes No	Authorized?	uthorized? SEVIS Entry Date RO/ARO		Name RO/A		ARO Signature Date (mm/dd/yyyy)		m/dd/yyyy)		
Dates of Employment (mm/dd/yyyy – mm/dd/yyyy)  Supervisor Phone  Hours/Week  Street Address  State  Zip Code  Start Date:  Street Address  State  Zip Code  Start Date:  Authorized?  SEVIS Entry Date  RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)	□ Yes □ No									
Dates of Employment (mm/dd/yyyy – mm/dd/yyyy)  Supervisor Phone  Hours/Week  Street Address  State  Zip Code  Start Date:  Street Address  State  Zip Code  Start Date:  Authorized?  SEVIS Entry Date  RO/ARO Name  RO/ARO Signature  Date (mm/dd/yyyy)										
Start Date: End Date: Authorized? SEVIS Entry Date RO'ARO Name RO'ARO Signature Date (mm/dd/yyyy)	Position Title		Supervisor Name		Employer Name					
Start Date: End Date: Authorized? SEVIS Entry Date RO'ARO Name RO'ARO Signature Date (mm/dd/yyyy)										
Authorized? SEVIS Entry Date RO/ARO Name RO/ARO Signature Date (mm/dd/yyyy)  Yes No	Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)			Supervisor Phone	Hours/V	Veek	Street Address	State	Zip Code	
□ Yes □ No	Start Date: End Date:									
	Authorized? SEVIS Entry Date RO/ARO			Name RO/A		ARO Signature Date (mm/dd/yyyy)		m/dd/yyyy)		
Position Title Supervisor Name Employer Name	□ Yes □ No									
Position Title Supervisor Name Employer Name										
	Position Title		Supervisor Name		Employer Name					
Dates of Employment (mm/dd/yyyy - mm/dd/yyyy) Supervisor Phone Hours/Week Street Address State Zip Code	Dates of Employmer	nt (mm/dd/yyyy – mm/d	Supervisor Phone	Hours/V	Veek	Street Address	State	Zip Code		
Sea Day	Start Partie	F-1D-1								
		tart Date: End Date:		Name Pour		A P.O. Siamatura	Pete (mm/dd/mma)			
Adminized: SEVIS Entry Date   ROZARO Politic   ROZARO Signature   Date (min/do/yyyy)	Addiorized?	SE VIS Entry Date	KO/ARO I	Name RO/A		KO//	/ARO Signature Date (mm/dd/yyyy)		iii du yyyy)	
□ Yes □ No	☐ Yes ☐ No									

Supervisor Name

Supervisor Phone

Employer Name

Street Address

RO/ARO Signature

Hours/Week

**Reset All Authorized Boxes** 

Dates of Employment (mm/dd/yyyy - mm/dd/yyyy)

End Date: SEVIS Entry Date

Position Title

Start Date

☐ Yes ☐ No

State Zip Code

Date (mm/dd/yyyy)



## J-1 Graduate Assistant

- 1. Have your hiring department Personnel Officer (PO) complete the <u>J-1 Graduate Assistant Employment Certification Form</u>
- 2. PO will submit the form to ISS office via UH File Drop
- 3. You may need to show proof of health insurance coverage for self and dependent(s) to the ISS before authorization can be given.
- 4. 5 business days processing.

#### Employment Certification Form for J-1 Student Graduate Assistants (GA) International Student Services, University of Hawai'i at Manoa Phone: 808 956-8613 Fax: 808 956-5076 www.hawaii.edu/issmanoa

J-1 Student "on-campus employment" is available up to 20 hours per week to a J-1 student in good standing. Written authorization is required in advance of employment start date. Authorization is given by a J-1 ISS Adviser (Responsible/Alternate Responsible Officer) for a maximum of one year, pending duration of ISS-approved health insurance coverage, valid DS 2019 form and passport.

Personnel Officer (PO) GA Hiring Request & Certification (PO complete/sign and send to <a href="mailto:issstaff@hawaii.edu">issstaff@hawaii.edu</a> via UH File Drop at least 3 days prior to start date)							
I certify that (Name) (UHM ID#) has been offered a graduate assistantship as follows:  9 month 11 month FTE							
Student will purchase UH Manoa EUTF and purchase additional Repatriation & Medical Evacuation coverage for self and dependent(s), from alternate provider; or Student will purchase alternate health insurance for self and dependent(s), and will show proof of coverage to the ISS office.							
Department:							
Supervisor's Name:	_						
Supervisor's Contact Info: Tel: Email:							
Employment Address:							
City: State: Zip Code:							
Start Date://20 End Date://20 (one year maxim	um)						
Signature of PO:Date:							
Typed Name: Tel:Email:	-						
International Student Services J-1 Responsible Officer (RO/ARO) Certification (RO/ARO will complete/sign and forward to PO, Graduate Assistant, Supervisor via UH File Drop)							
The above-named student sponsored by the University of Hawaii under a J-1 student visa, is eligible for on-campus employment up to 20 hours per week and is currently in good standing. The student is hereby authorized to perform the work offered above from _/_/20 to _//20 Per Department of Homeland Security requirements, this employment is reported in the Student and Exchange Visitor Information System (SEVIS).							
RO/ARO Signature:Date:							
Typed Name:Phone:							
DS-2019 expires: Passport expires: Health Insurance expires:							



#### <u>J-1 Graduate Assistant Employment</u> <u>Certification Form</u>

(available on ISS Website)



## Academic Training

- Training (paid or unpaid) related to field of study: job, internship, research position.
- If off campus, must apply for Academic Training authorization.
- If on-campus you may apply for on-campus employment authorization while you are still a student but if graduating or completing soon, you could extend the J-1 status and apply for academic training.

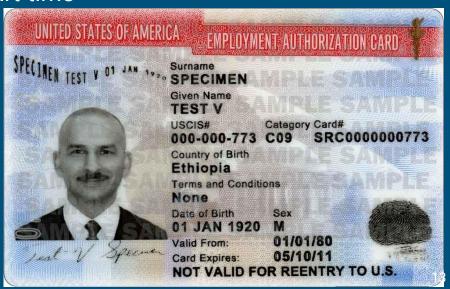


- Permission from ISS for employment necessary due to serious, urgent and unforeseen economic circumstance that have arisen since acquiring J-1 student status.
- Schedule an <u>appointment with ISS J-1</u> <u>Advisor.</u>



# On/Off-Campus Employment: J-2 Dependent

- Must request authorization from U.S Citizenship & Immigration Services (USCIS).
- Up to 90 days processing
- Any kind of employment: full-time or part-time
- Income cannot be used to support J-1
- Can be renewed annually
- Make appointment with J-1 advisor for application advising



# Social Security Number (SSN)

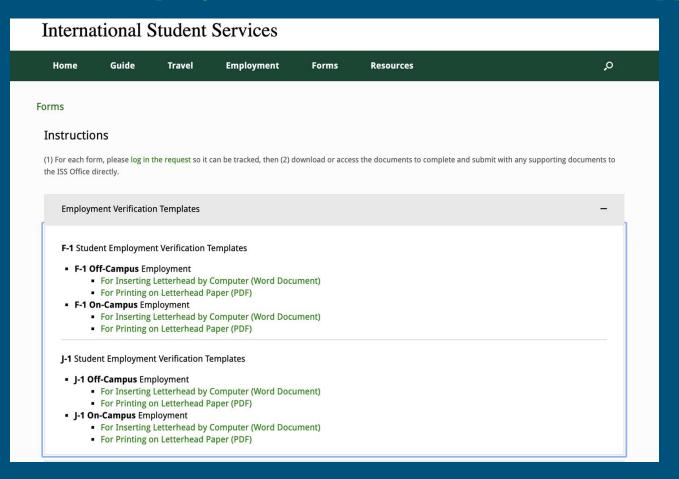




- If student will be paid a stipend or compensated financially, student will need to apply for SSN.
- Apply in person at local Social Security Administration (SSA) office; bring relevant documents.
  - No sooner than 10 days after entering the US and
  - No sooner than 3 days after ISS validates SEVIS record
- Review <u>SSN application on ISS website</u>.
- SSA takes 2-6 weeks to process SSN

Due to COVID-91 pandemic the SSA has suspended/limited in-person services. Only dire need in-person appointments will be scheduled.

### On/Off Employment Verification Letter- to apply for SSN



## No-resident Tax issues

- Tax withholdings impacted by tax treaties.
- FICA & Medicare- generally N/A when a student but applicable on post-completion AT.
- Generally student pay taxes as a non-resident for only 5 years.
- University/ISS does not provide non-resident tax assistance to students.



## Mahalo!

Visit the ISS Mānoa website for more information on:

www.hawaii.edu/issmanoa