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 issstaff@hawaii.edu 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 maximum)

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: _____
Date of fsaATLAS/SEVIS Entry:_____ by:___   UH File Drop: PO: _ GA: _ Supervisor: _ Date:___