



**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.

<b>SECTION I. Student Acknowledgment.</b> To be completed by J-1 student.		
Student Surname/Family Name	Student Given Name(s)	UHID#
DS-2019 Expiration Date (mm/dd/yyyy)	Passport Expiration Date (mm/dd/yyyy)	
<p><b>To the Student:</b> Please fill in your information above, read the on-campus employment stipulations below and sign in the space provided, then submit to this form to an ISS advisor.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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 A9.880.</li> <li><input type="checkbox"/> The Mānoa Career Center (MCC) will consider any valid Student Employment Work Agreement (SEWA) upon receipt of this form. Approval will be given in accordance to current, standard MCC procedure.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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).</li> <li><input type="checkbox"/> On-campus employment may include jobs at other UH campuses on Oahu, due to system-wide agreements.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Any changes to employment dates must be reported immediately to the ISS advisor.</li> </ul>		
<p><b>Student Certification:</b> As the above-named student, I hereby certify that I have read, understand, and will abide by the stipulations listed in Section I.</p>		
Student Signature	Date (mm/dd/yyyy)	

<b>SECTION II. Employment Eligibility.</b> To be completed by ISS Advisor who is a Responsible Officer (RO) or Alternate Responsible Officer (ARO) or an RO/ARO of the student's sponsoring agency.		
<p><b>RO/ARO Certification:</b> As Responsible Officer/Alternate Responsible Officer, I hereby certify that the above-named student is eligible for on-campus employment for the following period:</p>		
Student On-Campus Work Eligibility Period		
Start 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.**

**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	
Dates of Employment (mm/dd/yyyy – mm/dd/yyyy) Start Date:                      End Date:		Supervisor Phone	Hours/Week	Street Address	State      Zip Code
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	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) Start Date:                      End Date:		Supervisor Phone	Hours/Week	Street Address	State      Zip Code
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	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) Start Date:                      End Date:		Supervisor Phone	Hours/Week	Street Address	State      Zip Code
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	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) Start Date:                      End Date:		Supervisor Phone	Hours/Week	Street Address	State      Zip Code
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	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) Start Date:                      End Date:		Supervisor Phone	Hours/Week	Street Address	State      Zip Code
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	SEVIS Entry Date	RO/ARO Name		RO/ARO Signature	Date (mm/dd/yyyy)