J-1 Student On-Campus Employment

General Information and Eligibility

- Students in good standing are eligible for on-campus employment authorization.
- Students in valid J-1 status must receive written authorization from their program sponsor* to engage in on-campus employment before the employment begins.
- On-campus employment authorization is employer-specific and valid for a maximum of one year.
- Each separate job requires authorization from the program sponsor before the employment begins.
- Employment is limited to 20 hours per week during the academic year; students may work full-time during official school breaks.
- Employment is considered to be “on campus” if the employment meets the following conditions:
  - it is based on a scholarship, fellowship or assistantship; or
  - it occurs on the premises of the university the student is authorized to attend (i.e. on-campus employment at UC Davis).

*If the sponsor on your DS-2019 is not UC Davis, you need to contact the sponsor listed on your DS-2019 (see #2 on the DS-2019) for on-campus employment authorization.

Authorization Process

1. Complete the J-1 Student On-Campus Employment Application Form (see reverse side of this form).

2. Attach employment offer letter.

   The letter must contain the following information:
   - Position title
   - Number of hours per week
   - Exact start and end date of employment (month/day/year)

3. Submit application form and employment offer letter to SISS.

4. Once SISS receives your application and determines that you are eligible for on-campus employment, we will authorize on-campus employment for the requested job in 10 business days. You will receive the approved J-1 Student On-Campus Employment Application Form back with the SISS approval (see bottom section of the form) and SISS will authorize the requested employment in the SEVIS System.

5. Your International Student Advisor will email you when your approved J-1 Student On-Campus Employment Application Form is available for pickup at the SISS front desk.
J-1 Student On-Campus Employment Application Form

Student Information

Passport name: ____________________________________________________   Student ID:______________________
Surname/Family Name   Given Name

Degree objective: ☐ Ph.D.  ☐ Master’s  ☐ Bachelor’s  ☐ Non-degree (specify):__________________

DS-2019 program start date (MM/DD/YYYY):________________   Program end date (MM/DD/YYYY): ________________

Local U.S. address: _________________________________________________________________________________
Street Address   City   ZIP Code

Phone number(s): (          ) _________ - ______________                (          ) _________ - ______________

Email (provide both) UC Davis: _____________________________   Non-UCD: _____________________________

Employment Information*

On-campus employment type:  ☐ graduate scholarship/assistantship/fellowship
☐ student employee
☐ other:_____________________________________________

Position title and code: _________________________________  Number of hours per week:_______________________

Start date (MM/DD/YYYY):________________________  End date (MM/DD/YYYY): ________________________

Employer’s name: __________________________________________________________________________________

Employer’s address: ________________________________________________________________________________
Street Address   City   ZIP Code

Supervisor’s name and title: __________________________________________________________________________

Supervisor’s phone #: (          ) _________ - ______________ Supervisor’s email: _______________________________

*I am requesting the above work authorization because I have received an employment offer for the specified employer and employment dates, and I understand that the employment authorization is for this employment and these dates only.

Important Reminder: Employment may not begin until student has received employment authorization from SISS. Authorization is valid for one year.

Student Signature:_______________________________________ Date: ______________________________________

For SISS Office Use Only (Do not write in this section!)

SISS On-Campus Employment Authorization

Advisor’s name:__________________________________________ Advisor’s title:____________________________

Advisor’s phone #: (          ) _________ - ______________ Advisor’s email: ________________________________

Advisor’s Signature:________________________________________ Date:____________________________

UC Davis Seal:        Authorized: ☐ RTI  ☐ FSA  ☐ UCD Seal