

J-1 STUDENT EMPLOYMENT AUTHORIZATION*(for UA-issued DS2019 only)*

*U.S. Department of State and Department of Homeland Security
requires approval prior to beginning of employment*

To be filled out by hiring department

Student Name: _____ Student ID: _____

Employer Name: _____

Employer Signature: _____

Employer email address: _____

Employer Address: _____

(physical location required)

Address 2: _____

City, State, Zip Code: _____

Number of hours per week: _____

Employment Type:

 Assistantship Fellowship Hourly wage

Employment Begin Date: _____

Employment End Date: _____

UA DS2019 End Date: _____

For UA-issued DS2019 only. Maximum authorization period is 12 months or end of DS2019, whichever occurs first. Student will need to submit new authorization form for continued employment or change of employment.

If student does not have a Social Security Number, a separate employment form will be required for Social Security Administration processing. See ISPS web page at: <http://internationalstudents.arizona.edu>

↳ “Forms” ↳ “UA Employer SSN Letter” to be printed on Departmental letterhead and processed with this form

For International Student Programs and Services Only Approved SEVIS Entry Date: _____ Denied Reason for denial: _____

RO/ARO Signature: _____

Date: _____

Original Form remains with ISPS. Copy to be given to student and returned to department.

Department responsible for submitting with I-9 to FSO