ON-CAMPUS EMPLOYMENT VERIFICATION FORM FOR J-1 STUDENTS

1. Federal regulations require all J-1 students on Rutgers visa sponsorship to obtain on-campus employment authorization from Rutgers Global – International Student and Scholar Services before starting any on-campus jobs.
2. The on-campus employment authorization is granted for a specific job and can be valid for a maximum of 12 months per authorization.
3. A new on-campus employment authorization is required every time a J-1 student changes or adds a new job on campus.
4. A new on-campus employment authorization is required when there is a change in start/end date, number of hours, or position.
5. All J-1 students must inform their international student adviser if their on-campus job terminates or if they choose not to continue working at Rutgers.

This form must be completed and submitted to Rutgers Global - ISSS to obtain authorization for the employment described below. It is not legal for the student to begin this employment without presenting the employing unit with an International Payroll Form which identifies this specific job on the form.

I. STUDENT INFORMATION (To be completed by the student)

Name of J-1 Student: __________________________ Student’s Date of Birth: ___________

Employing Unit: __________________________________________________________________________

Employing Unit Address: ________________________________________________________________

City: ___________________ State: __________________ Zip Code: ____________________________

II. EMPLOYING UNIT INFORMATION (To be completed only by hiring unit)

The US Department of Homeland Security requires Rutgers Global – ISSS to collect and report the following information. Please complete the form with this in mind.

Employment Dates (Exact Dates Required) From: _____/____/______ To: _____/____/______

Number of hours per week student will be employed: ________________

(Note: J-1 students are NOT permitted to work more than a total of 20 hours per week during the fall & spring semesters.)

Brief description of duties associated with the student’s employment: ____________________________ 

________________________________________

SUPERVISOR’S CONTACT INFORMATION AND SIGNATURE

Name: ___________________________ Title: ___________________________ Dept: _____________________________

Phone: ___________________________ E-mail: ___________________________ Date: ___________________________

Signature: _________________________________________________________________________________