J-1 On-Campus Work Authorization Form

The J-1 Program regulations require students to obtain a separate written authorization from the Office of Global Services (OGS) for each on-campus job they accept. J-1 students must obtain a signed on-campus work authorization from OGS prior to starting any new on-campus job. Students may only work within the dates listed on the approved J-1 On-Campus Work Authorization Form and only for the authorized employer. Students who wish to continue employment beyond the authorized employment end date on the On-Campus Work Authorization Form must complete a new authorization form. Authorization will not be issued for more than one year at a time. Students must keep copies of all On-Campus Work Authorization Forms for their own records as proof of current and previous employment authorizations.

Under 22 C.F.R. 62.23(g) this form serves to authorize the following student to work on-campus for the employer specified herein during the dates authorized below. The student is permitted to work for a maximum of 20 hours per week when school is in session and full-time during vacation periods. The student must maintain valid J-1 student status at Georgetown University to maintain the validity of this authorization.

Student Last Name: ___________________ Student First Name: ________________________

Date of Birth: ________________________

Name of Hiring Department/Office: ________________________________________________

Location of Employment: _________________________________________________________

Position/Job Title: ________________________________________________________________

Hours per week: ________________________

Employment Start Date _____________ Employment End Date: ________________________

Employment may be authorized for a maximum of one year at a time.

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Hiring Department/Supervisor (Signature) International Student & Scholar Services (IS) Staff

_____________________________________________________________________________

Hiring Department/Supervisor (Printed Name) IS Staff (Printed Name)

_____________________________________________________________________________

Title of Supervisor Alternate Responsible Officer, P-1-01850

_____________________________________________________________________________

Date Telephone: 202.687.5867

_____________________________________________________________________________

Date

*This form is to be used only by J-1 students with a DS-2019 issued by Georgetown University