

Visa Office
EAST-WEST CENTER
1601 East-West Road, Honolulu, HI 96848-1601
(808) 944-7706

APPLICATION FOR J-1 STUDENT ON-CAMPUS EMPLOYMENT AUTHORIZATION

[NOTE: Applications for initial employment AND extensions should be submitted via your EWC Scholarship Coordinator at least 5 working days before actual employment commences. Employment authorizations including extensions will NOT be back dated.]

Name _____ Citizenship _____
Family Name First Name Country

Program: ADB APLP GDF USTL/USSP IFP Obuchi Alumni EWC-NSF
Expected Completion Date _____

UH Department (if applicable): _____ Degree: _____

DS-2019 valid to _____ Passport valid to _____ E-Mail: _____
Date Date

EWC Award Dates: _____ to _____ Initial Application _____ Renewal Application _____

Reason: _____

Dates of Proposed Employment: _____ to _____
[Please attach certification of the offer of employment (i.e., a memo from the UH department, RCUH, or UH Personnel Form). If applying for a position through UHM-CDSE, please attach position description and have employer complete certification of offer and referral number on reverse side of this form.]

Non-Tax Treaty Students: Employment will result in loss of 'personal exemption' resulting in increased tax withholding. See Scholarship Assistant for details.
Scholarship Support Assistant's Signature: _____ Date: _____

Applicant's Signature: _____ Date _____

FOR EWC USE ONLY
Scholarship Coordinator's Recommendation:
I recommend approval of _____ hours/week for above period.
____ Student is in good academic standing. ____ Student is engaged in a full course of study.
____ Student is/will be on leave of absence from his/her award from _____ to _____
____ Student has completed his/her award and is/will be continuing on EWC visa sponsorship from _____ to _____.
____ Student has/will have health insurance coverage which complies with U.S. Department of State (ECA) requirements during proposed employment.
Scholarship Coordinator's Signature: _____ Date _____
This application for employment authorization is:
____ Approved from _____ to _____ SEVIS Entry Date: _____
____ Held pending/denied because _____
Visa Officer's Signature: _____ Date _____

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Name of J-1 Exchange Visitor Student: _____

The above named individual is an exchange visitor student who is pursuing a _____ degree/certificate in _____ at the University of Hawaii under the J-1 exchange visitor program sponsorship of the East-West Center. An exchange visitor student is not permitted to accept employment, either on-campus or off-campus, without prior authorization by his/her exchange visitor program sponsor. Employment may not exceed 20 hours per week, except during official school breaks and vacation. If an application for employment authorization is approved, the East-West Center's Visa Officer will issue a letter authorizing employment and specifying the dates and conditions of authorized employment. If you have any questions, please contact the EWC Visa Officer, East-West Center, 1601 East-West Road, Honolulu, Hawaii 96848-1601, telephone: (808) 944-7706, fax (808) 944-7730.

Certification of Offer of Employment

Organization _____ Department _____

Address _____

Phone _____ E-Mail Address: _____

Name/Title of Supervisor or Hiring Official _____

Student's Job Title _____ UH-CDSE Position Referral No. _____

Description of Duties & Responsibilities: (attach UH-CDSE Position Description, if applicable)

(continue on reverse side if needed)

Dates of Hire _____ to _____ No. of Hours Per Week _____

Wages or Salary \$ _____ per _____

Eligible for UHM Faculty/Staff health insurance? Yes, effective ___/___/___ to ___/___/___ No
Eligible for UHM Tuition Waiver? Yes, for _____ Semester(s) No
application provided to student for submission

Name (**printed**), Title, and Signature of Employer's Authorized Representative

Date

*Note: J-1 exchange visitor students are required to have health insurance coverage which is in compliance with Exchange Visitor Program regulations. If the prospective employer provides health insurance coverage, the employee must provide the exchange visitor program sponsor with proof of health insurance which meets the requirements specified under these regulations (22 CFR 62.14)