

## J-1 On-Campus Employment/Fellowship Authorization

This form is used by J-1 students to request on-campus employment or fellowship/scholarship authorization.

Authorization may be granted for a **maximum of one year at time.**

- To request **On-Campus Employment Authorization**, please complete **PART I.**
- For **Fellowship Payment Authorization**, please complete **PART II.**

BIO's processing time is 5 business days (excluding weekends and holidays). Barring any technical issues, your document will be ready by 1p.m. on the fifth business day. Your request will be delayed if it is incomplete or requires additional follow-up.

### Student Information

Last Name:	First Name:
Date of Birth:	Student ID:
Email:	Phone:
Expected Semester of Graduation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer, Year: 20____	

### PART I: On-Campus Employment Authorization

Type of Employment: <input type="checkbox"/> GSI/GSR <input type="checkbox"/> Student Worker <input type="checkbox"/> Other (please list title):	
Name of Employer/Dept:	Supervisor's Name:
Employer/Dept. Address:	Supervisor's Email:
City:                      State:                      Zip Code:	Supervisor's Phone:
<b>Supervisor's Signature:</b>	
<b>Date:</b>	

Requested Employment Dates (MM/DD/YY) <i>Dates should fall within semester dates</i>	<b>DO NOT COMPLETE</b> <i>To be completed by Berkeley International Office ONLY</i>
Fall:                      -                      Hours/Wk:	<input type="checkbox"/> Dates Approved <input type="checkbox"/> Other Dates:
Winter Brk:                      -                      Hours/Wk:	<input type="checkbox"/> Dates Approved <input type="checkbox"/> Other Dates:
Spring:                      -                      Hours/Wk:	<input type="checkbox"/> Dates Approved <input type="checkbox"/> Other Dates:
Summer:                      -                      Hours/Wk:	<input type="checkbox"/> Dates Approved <input type="checkbox"/> Other Dates:

### PART II: Fellowship Payment Authorization *(to be completed by Department, GSAO, PI or Program Advisor)*

Name of Department:	Department Officer's Name:
Department Address:	Department Officer's Email:
City:                      State:                      Zip Code:	Department Officer's Phone:
<b>Department Officer's Signature:</b>	
<b>Date:</b>	

**Fellowship Period** indicate semester(s) & year(s) *(This authorization must be renewed every year.)*

- Fall 20\_\_\_\_     Winter Break 20\_\_\_\_     Spring 20\_\_\_\_     Summer 20\_\_\_\_

BIO Advisor's Signature

Title

Date