

INTERNATIONAL STUDENT
TEMPORARY ON-CAMPUS EMPLOYMENT VERIFICATION

Name: _____ Social Security # _____

Are you currently working for another department on campus? ☐ Yes ☐ No

If so, please name the department and the # of hours per week you are expected to work for the department:

Department _____ # of hours _____

Department _____ # of hours _____

Department _____ # of hours _____

Are you currently working for an on-campus vendor? ☐ Yes ☐ No

If so, please name the vendor and the # of hours per week you are expected to work for the vendor:

Vendor _____ # of hours _____

Vendor _____ # of hours _____

Vendor _____ # of hours _____

Do you have Graduate Assistantship? ☐ Yes ☐ No

Immigration and Naturalization regulations limits on-campus employment for students to 20 hours per week when school is in session and full time during school holidays and breaks. Working more than 20 hours a week is a violation of the student's status.

International students are expected to maintain their status by keeping all immigration documents current (I-20 for F-1 students and IAP-66 J-1 students) and keeping valid passports.

International students must otherwise follow all rules as outlined by the Student Employment Manual. Any student who doesn't follow the prescribed rules may be subject to termination of employment or temporarily suspension until the infraction has been adequately addressed. Please see the Student Employment Handbook.

Under penalties of perjury, I certify that the above information is true and accurate and I further certify that I understand the rules and regulations pursuant to my working on campus for Southwest Missouri State University as a foreign national in non-immigrant student status.

Signature: _____ Date: _____

VERIFICATION BY EMPLOYING DEPARTMENT

I certify that I have read and understand the rules for international students as outlined.

Employed by _____ Start date _____
(Department)

Signature _____ Date: _____
(Department Head or Supervisor)

Employed by _____ Start date _____
(Department)

Signature _____ Date: _____
(Department Head or Supervisor)

Employed by _____ Start date _____
(Department)

Signature _____ Date: _____
(Department Head or Supervisor)

VERIFICATION BY INTERNATIONAL PAYROLL SPECIALIST

Letter from ISS office needed? ☐ Yes ☐ No

If yes, why? GPA less than 2.0? ☐ Yes ☐ No or Under enrolled? ☐ Yes ☐ No

_____ Tax Info Form _____ I-9 _____ Direct Deposit Form _____ W-4

_____ All other tax documents

Signature _____ Date _____
(International Payroll Specialist)

Original in Payroll file

Copy attached to I-9

Copy to Student Employment