On-Campus Employment Authorization Letter

This information will be used to update your SEVIS record and must be accurate.

STUDENT SECTION: *Please complete this section if you are a student.*

First Name: _____ Last Name: _____

Student ID Number: _____ Current I-20 End Date: _____

CCC Email: _____

☐ This is the first On-Campus Employment Authorization Letter, and I will require an Employment Verification Letter for the Social Security Office. Student Initials: _____

Student Rights & Responsibilities

☐ I will not work without a DSO's prior approval and the on-campus employment authorization letter.
☐ I will not work more than 20 hours a week. Otherwise, it will be a violation of my status.
☐ I will only work on campus, meaning CCC will be issuing my paycheck.
☐ I will only work from the first day of the semester until the last day, prior to exams.
☐ I will not work past my program completion, which will be the last day of my last semester, prior to exams.
☐ I will not delay my program of study for employment purposes.
☐ I understand employment is secondary to the primary purpose of my status, which is to be a student.
☐ I will work with the Payroll Office to complete all required employment forms.

Student Signature: _____ Date: _____

EMPLOYER SECTION: *Please complete this form section if you are the on-campus employer.*

Employing Department: _____ Supervisor Name: _____

Supervisor Email: _____ Supervisor Phone: _____

Employment Start Date: _____ Employment End Date: _____

Please note: Students can work only between the first day of the semester and the last day, prior to exams, each semester.

Number of hours per week: _____ Location of work: _____
Please note: F-1 students cannot work more than 20 hours a week. If 20 hours a week is exceeded, it will be considered a violation of status, and the student's SEVIS record will be terminated.

Supervisor Signature: _____ Date: _____