



J-1 ON CAMPUS EMPLOYMENT REQUEST

Student Information

Name: _____ VT ID #: _____

Email: _____ Phone No: _____

SEVIS ID #: _____

I understand that I must provide this report each semester if I am employed on campus. This report is not for the purpose of employment off campus.

Student's
Signature _____ Date _____

Employment Information

Employer Name _____

Employer Street Address: _____

City, State, Zip Code: _____

Number of Hours per week _____

Supervisor Name _____

Employment Begin Date _____ Employment End Date _____

Supervisor Contact Email _____

Phone _____

Supervisor Signature _____ Date _____

Return this form to the ARO at the Global Education Office.