INDIANA UNIVERSITY- PURDUE UNIVERSITY FORT WAYNE (IPFW)  
INTERNATIONAL  OFFICE
ON CAMPUS EMPLOYMENT FORM

FOR F-1 STATUS DEGREE-SEEKING INTERNATIONAL STUDENTS ONLY. NOT TO BE USED FOR J-1 EXCHANGE STUDENTS

PLEASE PRINT NEATLY!

DATE: ______/______/20____ _IPFW ID#: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name: ____________________________________________

Local Address: __________________________________________________________

Local Phone ( ) __________ - ___________ Cell Phone ( ) __________ - ___________

Email: ________________________________________________ (IPFW email address)

On-Campus Employer: ____________________________________________

(Subway, UP, Learning Center, Upward Bound, Library, Biology Department, etc.)

The maximum amount you are permitted to work while classes are in session is 20 hours per week. Working any more than this amount will put you out of legal F-1 student visa status.

FOR EMPLOYER USE ONLY:

This serves as evidence of on-campus employment offer for Student: ________________________________ (Last Name, First Name)

Expected Start Date: ___/___/___ Expected Number of Hours Per Week: ________

Nature of student’s job (e.g., food service staff, library aide, research assistant, etc.): __________________________

To be completed by the Employing Department (business office staff or hiring official):

____________________________________________________________________________

Signature (Original) ________________________________ Name (Please Print) __________________________

Title: ___________________________ Phone: (260) 481-___________ Date: ______________

Email: __________________________________________________________

An F-1 student may work while the Social Security number application is being processed. Employers may wish to reference SSA’s fact sheet, Employer Responsibilities When Hiring Foreign Workers. This fact sheet contains information on how to report wages for an employee who has not yet received an SSN and is available online at http://www.socialsecurity.gov/employer/hiring.htm.

OIE OFFICE USE ONLY:

This international student is authorized to work on campus for no more than 20 hours while school is in session (fall and spring semesters) or full time (more than 20 hours per week) on campus during official school vacation periods ONLY (summer, winter and spring break).

F-1 students are aliens lawfully admitted to the United States under authority of the law permitting them to work in the United States based on federal regulation 8CFR 214.2 (f) (9) (l) as long as the student maintains F-1 visa legal status. The signature and seal below signifies that the student is authorized to work on campus as indicated above.

________________________ __________________________

Signature and Seal of Authorized OIE Representative Date

NOTE TO ON-CAMPUS EMPLOYER: Not Valid Without Seal

Revised 10/23/2015
SAMPLE I-9 FOR INTERNATIONAL STUDENTS

Dear DeSalva Jesuina,

Address (Street Name and Number)
2101 E. Coliseum Blvd.

City
Fort Wayne

State
IN

Zip Code
46805

Social Security #
111-01-11

Date of Birth (month/day/year)
09/22/1990

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States
☐ A lawful permanent resident (Alien #) A
☒ An alien authorized to work until I-20 Exp. Date (Item #5) (Alien # or Admission #) I-94 #

Date (month/day/year)
01/01/2009

Preparer's Translator's Signature

Preparer and/or Translator Certification. To be completed and signed if Section 1 is prepared by a person other than the employee. I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A or List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A

Document title: Passport

Issuing authority: Country of Issue

Document #: Passport #

Expiration Date (if any): 01/01/2010

List B

IPFW Student ID Card

List C

U.S. Social Security Card (Will Be Eligible At Date of Job Offer)

2 Weeks Processing Time

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 01/01/2009 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Norbert Johnson

Supervisor of Maint.

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)
IPFW, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805-1499

Date (month/day/year)
01/01/2009

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:

Document #: 

Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

Form I-9 (Rev. 06/05/07)