



J-1 STUDENT EMPLOYMENT INFORMATION FORM

STUDENT MUST COMPLETE INFORMATION BELOW (please type)

Name :

PUID (10-digit PUID number):

Health Insurance Statement:

I certify that I have health insurance coverage for myself and my dependents, if applicable, as required by federal and university regulations.

Signature _____ Date: _____

EMPLOYER MUST COMPLETE INFORMATION BELOW

Type of Employment: __RA __TA __Fellowship __Bi-weekly

Place of Employment: _____

Job Duties: _____

Date Employment is to begin: _____

Date Employment will end: _____

Hours employed weekly: _____

Employer's Signature: _____

Employer's Name (Printed): _____

Department: _____

Location of Employment: _____

(J-1 STUDENTS ON BI-WEEKLY PAYROLL MAY BE EMPLOYED A MAXIMUM OF 20 HOURS PER WEEK DURING THE ACADEMIC YEAR)

ISS STAFF USE ONLY:

Student has maintained good academic standing: _____ YES _____ NO
Employment requested: Approved _____ Denied _____ Reason: _____

THIS FORM ONLY TO BE COMPLETED BY STUDENTS SPONSORED BY PURDUE UNIVERSITY (P-1-0622) program number. J students sponsored by other program sponsors must obtain written permission for employment from that program sponsor.