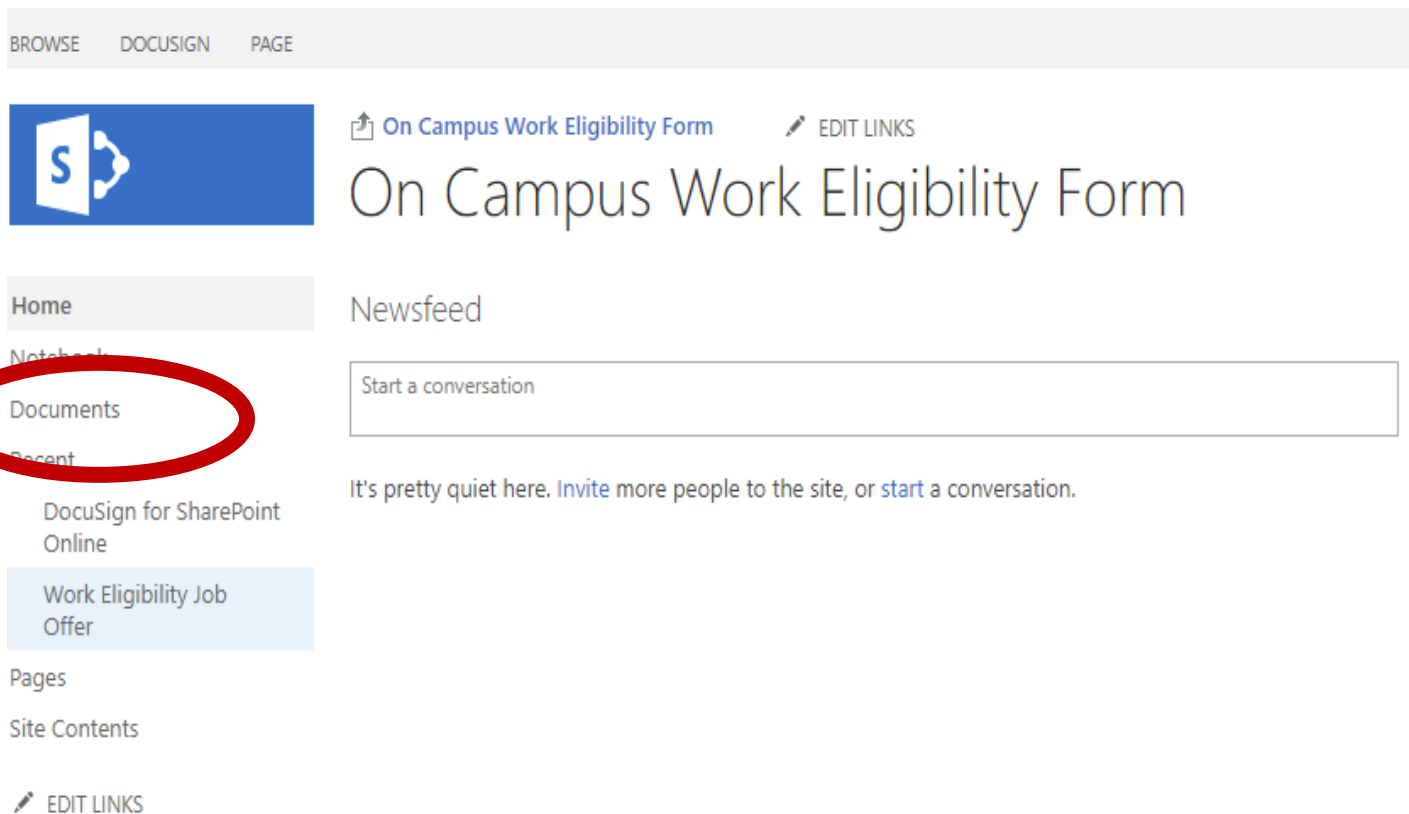# ISSS ON-CAMPUS WORK ELIGIBILITY PROCESS

This document will assist you with submitting the On Campus Work Eligibility Request when you hire international students.
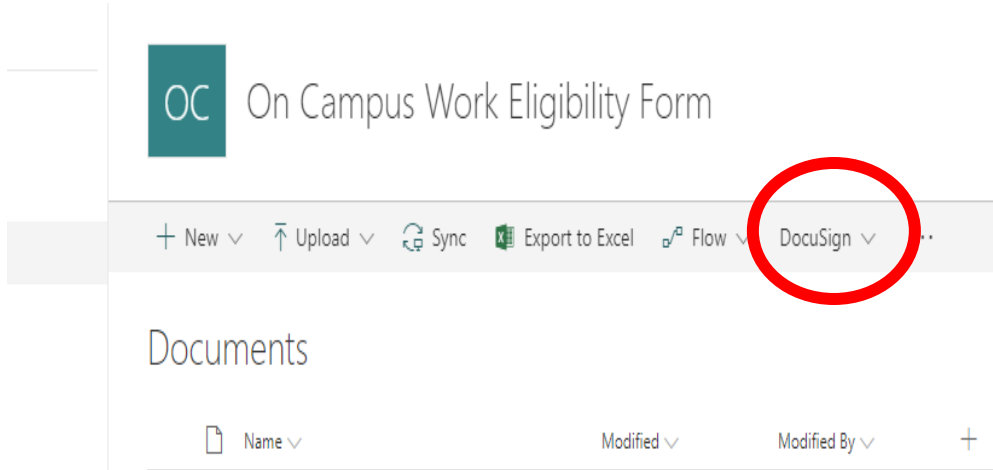
1. OPEN THE HYPERLINK AND BOOKMARK

https://smu365.sharepoint.com/teams/Provost/isss/workeligbility/SitePages/Home.aspx

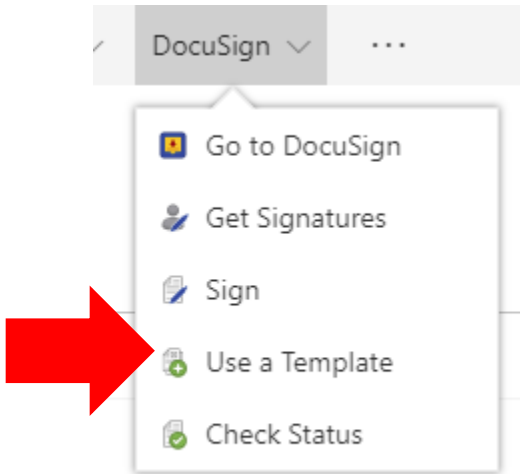**2. Click on Documents on the left side**

3. Point your cursor to DocuSign on the ribbon and click the arrow

OC On Campus Work Eligibility Form

+ New ∨   ↑ Upload ∨   ↻ Sync   Export to Excel   Flow ∨   DocuSign ∨   ⋯

Documents

Name ∨   Modified ∨   Modified By ∨   +

4. **Select: USE A TEMPLATE**

DocuSign ∨   ⋯

Go to DocuSign

Get Signatures

Sign

Use a Template

Check Status

5. Log In to Docusign: Use your SMU email address and select Continue

DocuSign®

csotomayor@smu.edu

CONTINUE

Stop and read carefully the next step

6. Enter your password and select USE COMPANY LOGIN

7. Login to DocuSign using your SMU ID number and password and click Log In

Secure | https://idp.smu.edu/idp/profile/SAML2/POST/SSO?execution=e...

SMU. World Changers Shaped Here

Login to DocuSign, Inc.

SMU ID:

Password:

....

Login

› Forgot your password?

› Need Help?

For security reasons, please log out and exit your
browser when you are finished accessing pages that

8. Choose Template: ISSS on-campus work eligibility (you only see the templates available under your account)

On Campus Work Eligibility Form ▸

Choose Template

Q

Recently Used Templates

- ◉ ISSS On campus work eligibility
- ○ Time Off Request_MASTER(1)
- ○ CPT Legal Agreement
- ○ [Untitled Template]
- ○ Time Off Request_MASTER

CONTINUE

9. **Add SIGNERS to the Envelope, when done select CONTINUE**

- Supervisor (your name and email address)
- Student (students name and email address)
- ISSS Office (already completed)
- Human Resources (already completed)
  CLICK NEXT

NEXT

◀ Add Signers

1 ✎ Supervisor   ☐ ME

Name

Email Address

2 ✎ Student   ☐ ME

Name

Email Address

3 ✎ ISSS Office

ISSS Office

isss@smu.edu

4 ✎ Human Resources

Human Resources

smuhr@smu.edu

CONTINUE

10. **IF YOU DO NOT WANT TO ADD RECIPIENTS, SELECT SEND AND MOVE TO STEP 12**

◀ Add a Message

Write a message for **All Recipients**

Subject

Please DocuSign: ISSS On-Campus Work Eligibility Form final draft.docx

Message

Enter Message

PREVIEW DOCUMENT

SEND DOCUMENT

NOTE:

IF YOU WANT TO ADD A RECIPIENT, PLEASE SELECT PREVIEW DOCUMENT

UNDER THE SUPERVISORS NAME, SELECT ON THE ARROW

EDIT RECIPIENTS

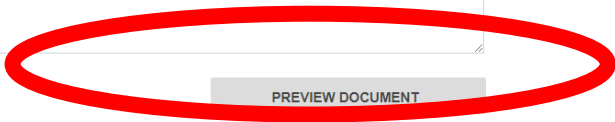On Campus Work Eligibility Form ▸

Add a Message

◂

Write a message for **All Recipients**

Subject

Please DocuSign: ISSS On-Campus Work Eligibility Form final draft.docx

Message

Enter Message

PREVIEW DOCUMENT

SEND DOCUMENT

Claudia Hart

✓ ● Claudia Hart
  ● Claudia Hart
  ● ISSS Office
  ● Human Resources

Edit Recipients

● Name
● Company
● Title

T Text
☑ Checkbox
▼ Dropdown
◉ Radio

ƒx Formula
📎 Attachment
▤ Note

Search ✕

163% ▼

SMU. | INTERNATIONAL STUDENT & SCHOLAR SERVICES

On-Campus Work Eligibility Form (For Students on F/J Visas)

PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)	
Student's LAST Name, First Name: Text	SMU ID: Text
Student's Job Title: Text	School/Department: Text
Proposed Start Date: Text	Proposed End Date: Text

Can request work authorization for one academic year or until the student's program end date, whichever is sooner.

Total Number of Hours Per Week (Saturday-Friday): Text

Number of hours worked per week cannot exceed 20 hours during Fall and Spring semester and may exceed 20 during winter and summer break. If student has multiple jobs, total number of hours must be less than or equal to 20 hours.

Supervisor's Name: Full Name	Supervisor's E-mail: Email
Financial Officer's Name: Text	Financial Officer's E-mail: Text

11. SELECT: ADD RECIPIENTS:

Edit Recipients

claudiahart@smu.edu

2	**Student**		✎ NEEDS TO SIGN ▼	MORE ▼
⠿	Claudia Hart	📇		
	claudiahart@smu.edu			

3	**ISSS Office**	✎ NEEDS TO SIGN ▼	MORE ▼
	ISSS Office		
	isss@smu.edu		

4	**Human Resources**		✎ NEEDS TO SIGN ▼	MORE ▼	✕
⠿	Human Resources	📇			
	smuhr@smu.edu				

+👤 ADD RECIPIENT

DONE

12. CLICK CONTINUE ON THE UPPER RIGHT CORNER

Please Review & Act on These Documents

Claudia Sotomayor Hart
Southern Methodist University

SMU
Powered by DocuSign

Please DocuSign This Document

Please review the documents below.

CONTINUE   OTHER ACTIONS

DocuSign Envelope ID: EB1FCFCC-954D-4343-A140-2CAFC6001D4D

SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES

On-Campus Work Eligibility Form (For Students on F/J Visas)

PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)	
Student's LAST Name, First Name:	SMU ID:
Student's Job Title:	School/Department:
Proposed Start Date:	Proposed End Date:

Can request work authorization for one academic year or until the student's program end date, whichever is sooner.

Total Number of Hours Per Week (Saturday-Friday):

Number of hours worked per week cannot exceed 20 hours during Fall and Spring semester and may exceed 20 during winter and summer break. If student has multiple jobs, total number of hours must be less than or equal to 20 hours.

Supervisor's Name:	Claudia Sotomayor Hart	Supervisor's E-mail:	claudiahart@smu.edu
Financial Officer's Name:		Financial Officer's E-mail:	
Supervisor's Signature:	Sign	Date of Signature:	4/3/2018

PART II: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)	
Program Major:	Program Completion Date:

START

SMU | & SCHOLAR SERVICES

On-Campus Work Eligibility Form (For Students on F/J Visas)

PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)	
Student's LAST Name, First Name:	SMU ID:
Student's Job Title:	School/Department:
Proposed Start Date:	Proposed End Date:

Can request work authorization for one academic year or until the student's program end date, whichever is sooner.

Total Number of Hours Per Week (Saturday-Friday):

Number of hours worked per week cannot exceed 20 hours during Fall and Spring semester and may exceed 20 during winter and summer break. If student has multiple jobs, total number of hours must be less than or equal to 20 hours.

Supervisor's Name:	Claudia Sotomayor Hart	Supervisor's E-mail:	claudiahart@smu.edu
Financial Officer's Name:		Financial Officer's E-mail:	
Supervisor's Signature:	Sign	Date of Signature:	4/3/2018

PART II: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)	
Program Major:	Program Completion Date:
Do you have another job on-campus? ☐ Yes ☐ No	Do you have an approved CPT or Pre-Comp. OPT? ☐ Yes ☐ No

If "yes", what department(s) or company:

If "yes", how many hours are you working per week (Saturday-Friday) for each dept. or company:

By signing below, I attest that the information I have provided above is true and correct. I understand that is my responsibility to ensure that I do not exceed working 20 hours per week during the fall and spring semester.

Student's Signature:	Date of Signature:

PART II: WORK AUTHORIZATION (TO BE COMPLETED BY ISSS OFFICE)	

13. COMPLETE THE FORM, SIGN AND CLICK FINISH

elect Finish to send the completed document.

FINISH

On-Campus Work Eligibility Form (For Students on F/J Visas)

PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)			
Student's LAST Name, First Name:	STEPHANIE	SMU ID:	1111111
Student's Job Title:	ASSISTANT	School/Department:	IT
Proposed Start Date:	05/15/18	Proposed End Date:	05/15/18

Can request work authorization for one academic year or until the student's program end date, whichever is sooner.

Total Number of Hours Per Week (Saturday-Friday): 20

Number of hours worked per week cannot exceed 20 hours during Fall and Spring semester and may exceed 20 during winter and summer break. If student has multiple jobs, total number of hours must be less than or equal to 20 hours.

Supervisor's Name:	Claudia Sotomayor Hart	Supervisor's E-mail:	claudiahart@smu.edu
Financial Officer's Name:	ASHLEY	Financial Officer's E-mail:	ASHLEY@YAHOO.COM
Supervisor's Signature:	DocuSigned by:	Date of Signature:	4/3/2018