



On Campus Employment Form

Student Information:

Family Name:	Given Name:
LLU ID #:	Email Address:

Employment Information:

Job Title: _____

Department Name: _____

Supervisor Name: _____

Phone Number: (_____) _____ - _____, or Ext. _____

Email: _____@llu.edu

Start Date: ____/____/20____

End Date: ____/____/20____, or Not Applicable

Number of Scheduled Hours: _____ hours per week

Acknowledgement Information:

To meet the requirements as an F-1 International Student at Loma Linda University (LLU), I,

_____, agree that:

Student Given Name and Family Name

1. I will not exceed more than twenty (20) hours per week of paid labor during the academic year.
2. I will not exceed more than forty (40) hours per week of paid labor during designated university term breaks (i.e. Winter break, Spring break, and Summer break).
3. I will work with my supervisor to ensure that I do not exceed the maximum hours per week, as stated in the USCIS regulations.
4. I will notify the International Student & Scholar Services office if there are any changes in my employment or if I have any additional jobs on campus to report.
5. I am no longer eligible to work on campus if I am not enrolled as an Loma Linda University student or if my F-1 visa is terminated or canceled for any reason.

I understand that failure to meet any of the above requirements may result in termination of my I-20 and F-1 immigration status at Loma Linda University.

Student Signature

Date

ISSS Advisor