

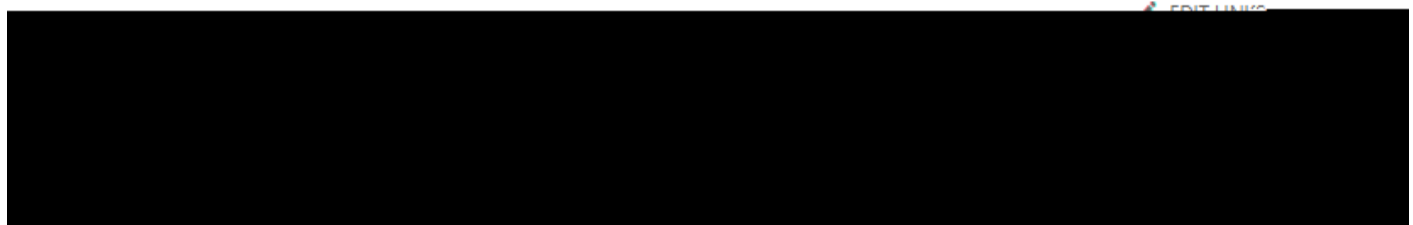
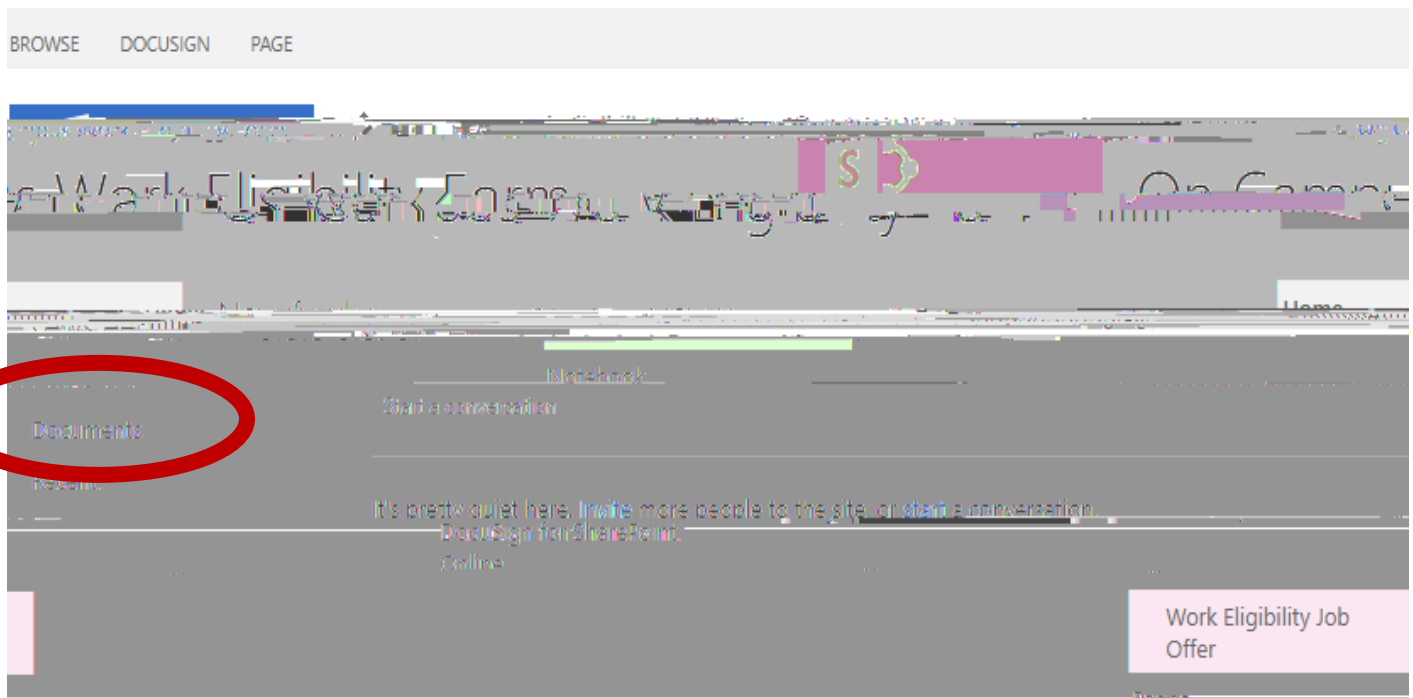
ISSS ON-CAMPUS WORK ELIGIBILITY PROCESS

This document will assist you with submitting the On Campus Work Eligibility Request when you hire international students.

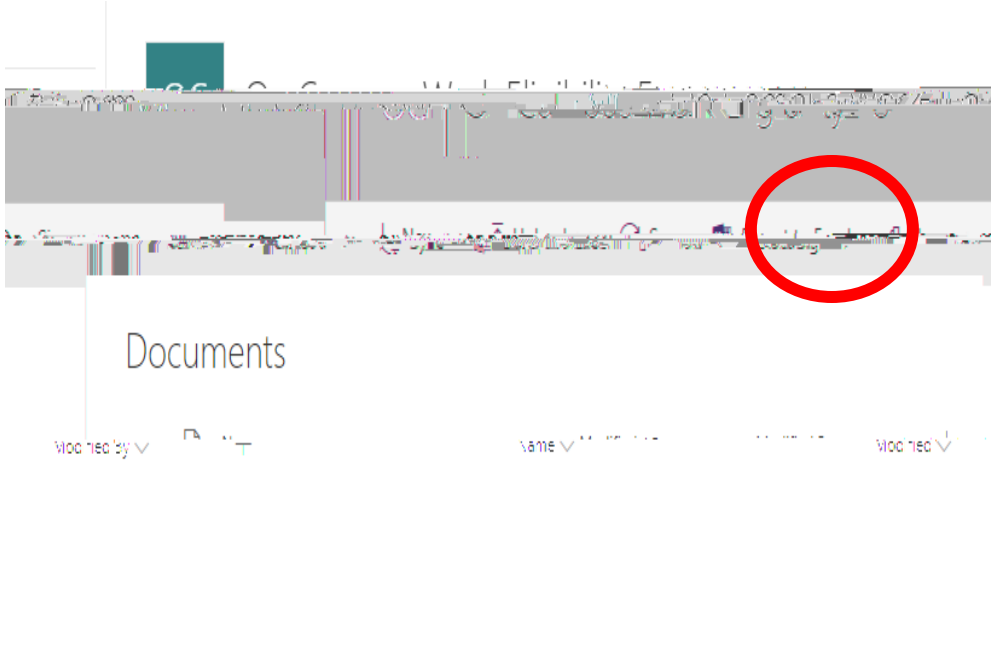
1. OPEN THE HYPERLINK AND BOOKMARK

<https://smu365.sharepoint.com/teams/Provost/iss/workeligibility/SitePages/Home.aspx>

2. Click on Documents on the left side



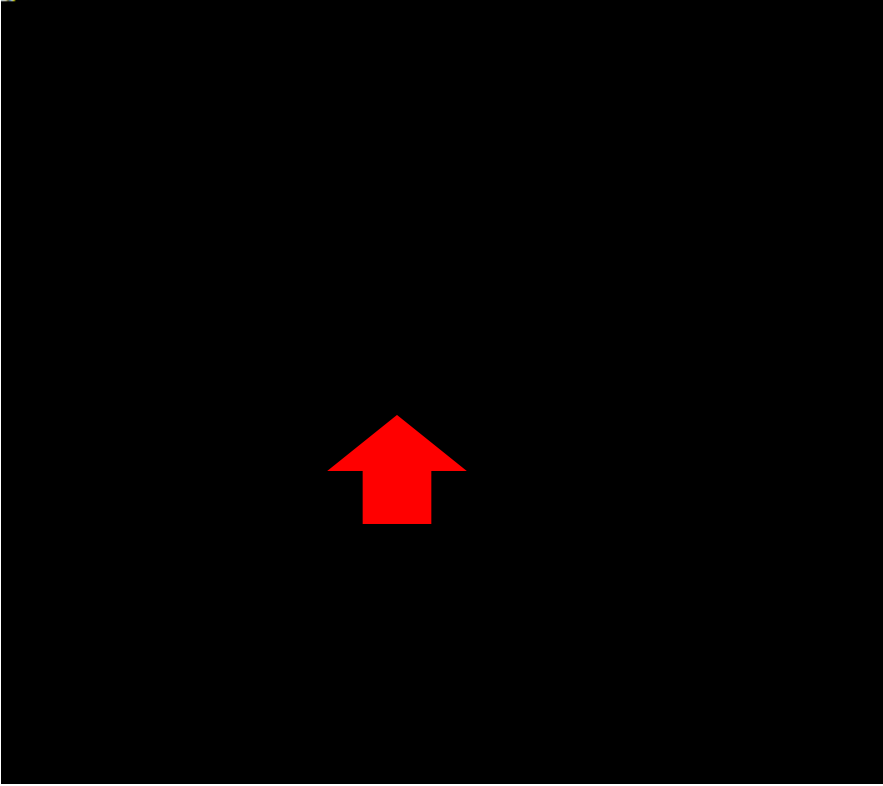
3. Point your cursor to DocuSign on the ribbon and click the arrow



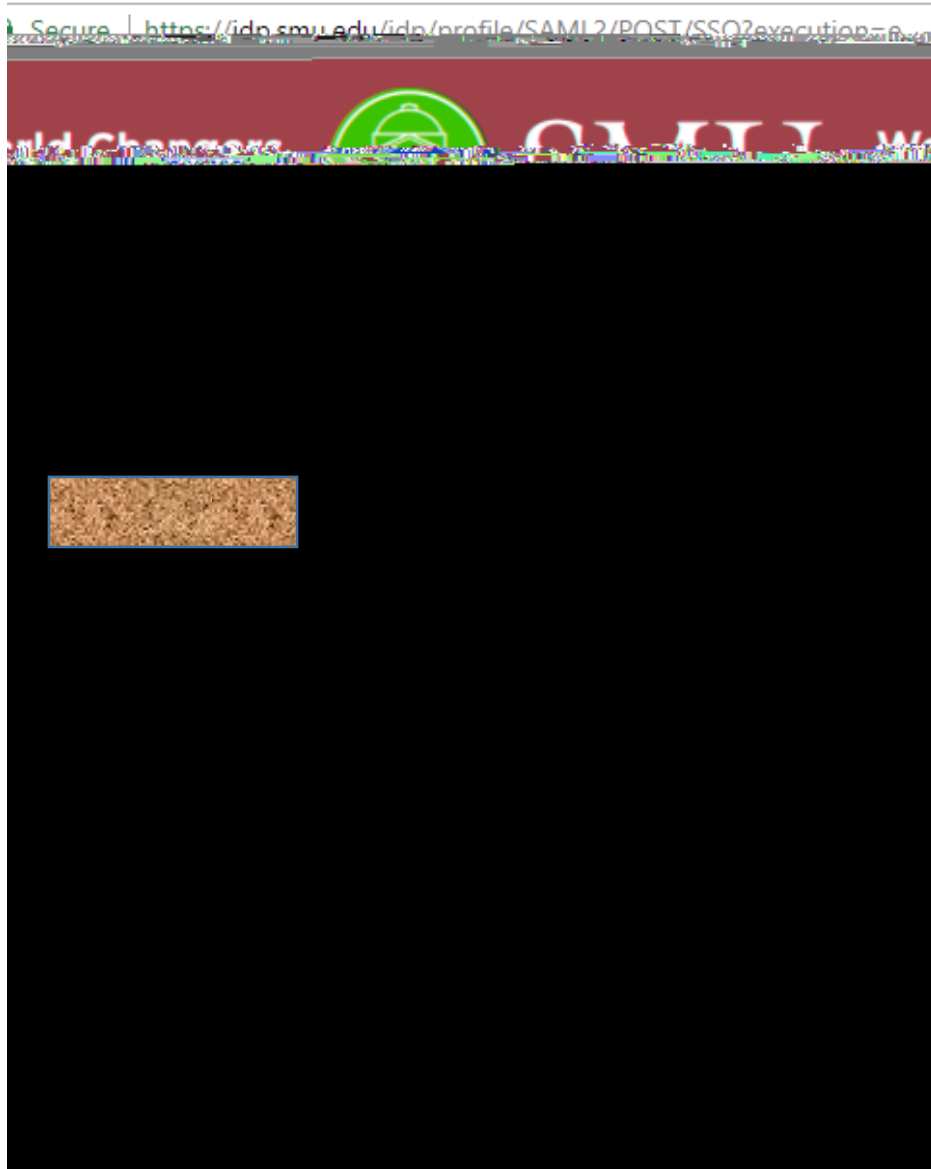
4. Select: USE A TEMPLATE



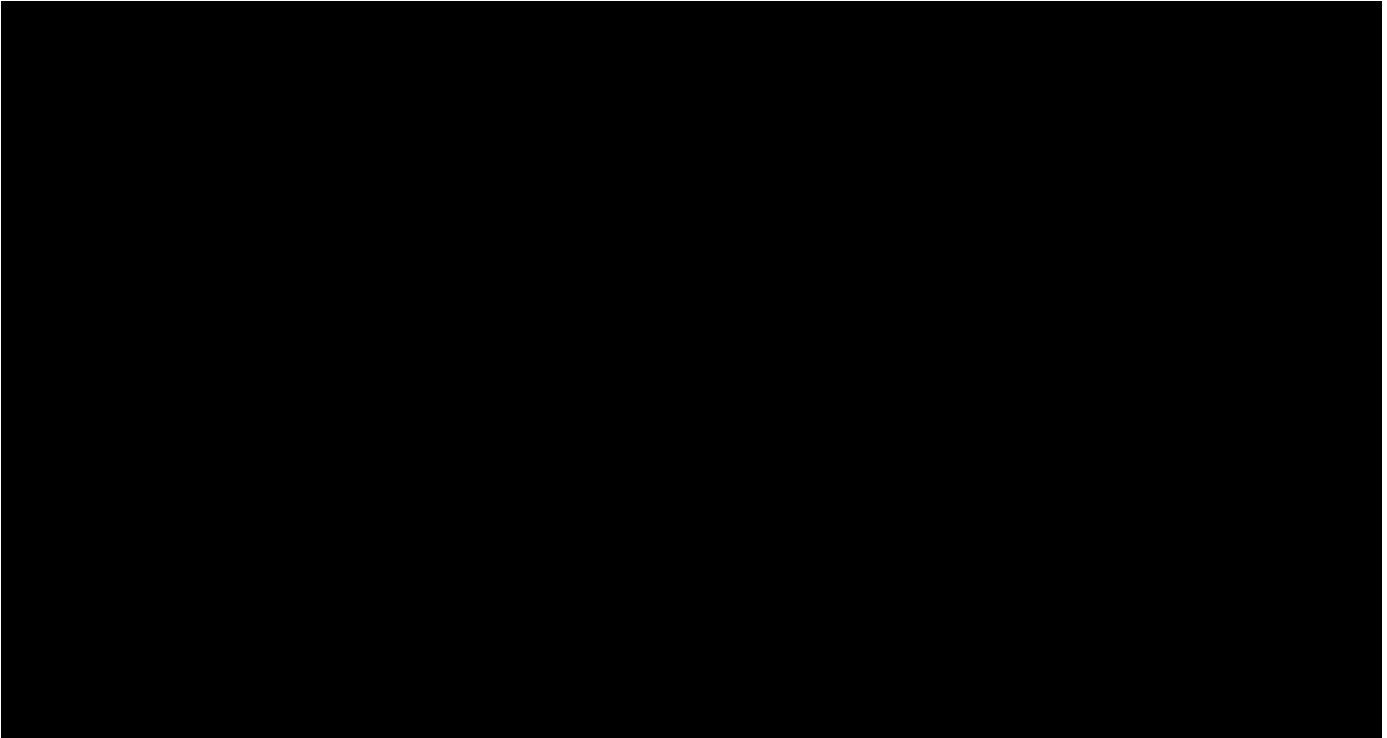
5. Log In to DocuSign: Use your SMU email address and select Continue



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



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



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

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

CLICK NEXT

NEXT

Add Signer

- 1 Supervisor
Name
Email
- 2 Student
Name
Email
- 3 ISS
ISS
iss@sm
- 4 Human Resources
Human Resources
smhr@sm



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

Add a Message

Enter Message for All recipients

Subject

Enter Message

PREVIEW DOCUMENT

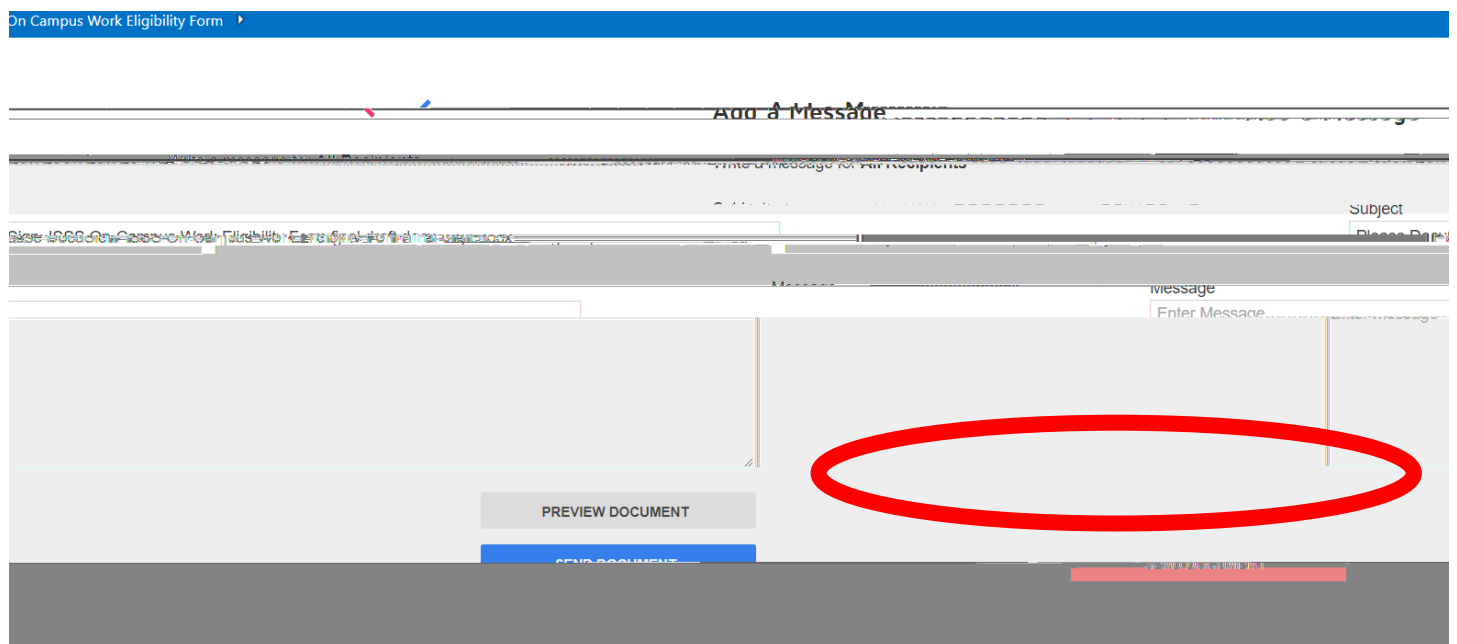
SEND DOCUMENT

NOTE:

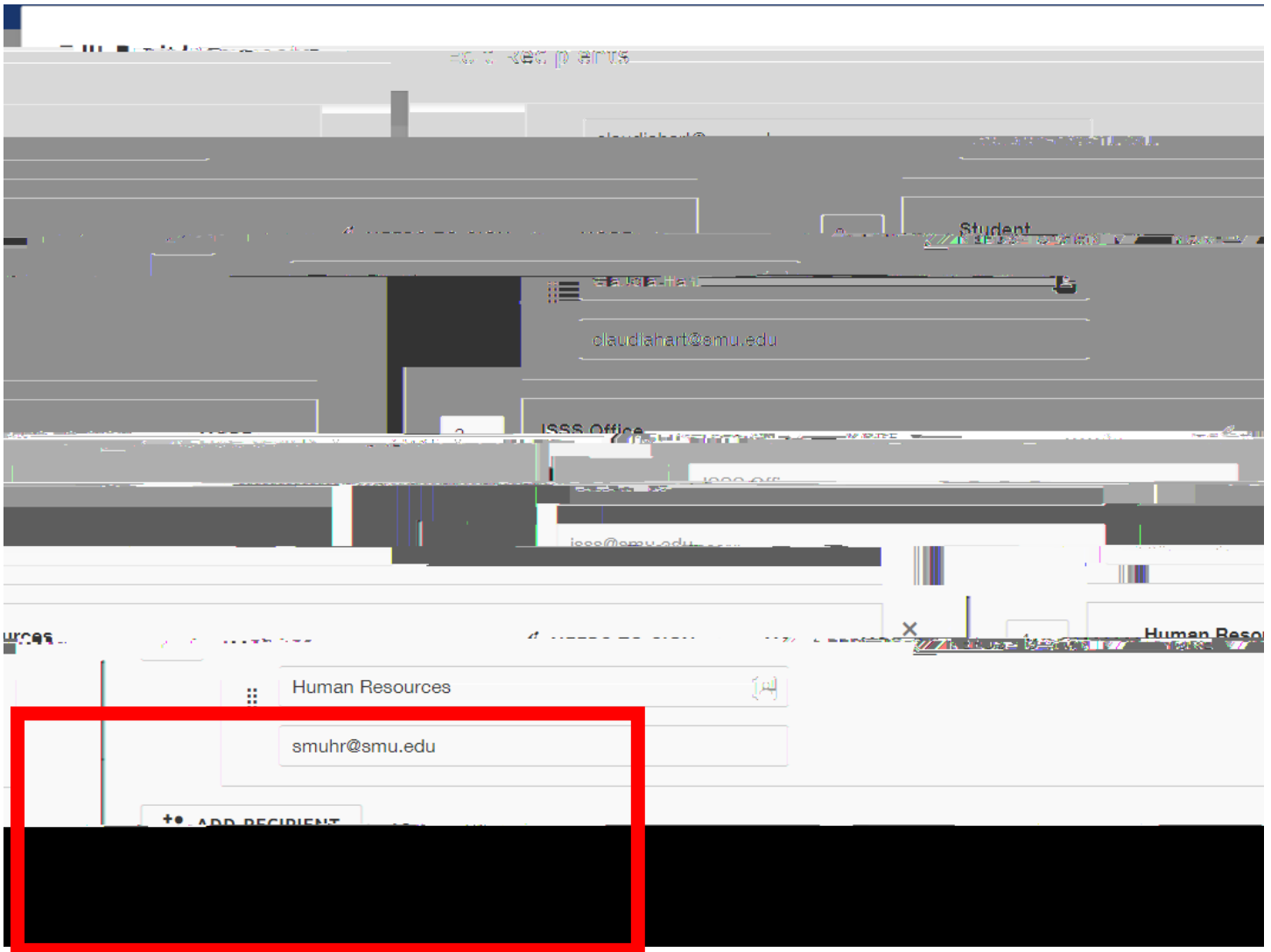
IF YOU WANT TO ADD A RECIPIENT, PLEASE SELECT
PREVIEW DOCUMENT

UNDER THE SUPERVISORS NAME, SELECT ON THE
ARROW

EDIT RECIPIENTS



11. SELECT: ADD RECIPIENTS:



12. CLICK CONTINUE ON THE UPPER RIGHT CORNER

Please review the documents below.

DocuSign Envelope ID: EB1FCFCC-954D-4343-A145-22AF-86607B3D4740

SMU **College of Arts & Sciences**

On-Campus Work Eligibility Form (For Undergraduate Students)

PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)

Student's LAST Name, First Name: _____

Student's Job Title: _____ School/Department: _____

Proposed Start Date: _____ Proposed End Date: _____

Can request work authorization for one academic year or up to two academic years, whichever is shorter.

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

Number of hours requested per week does not exceed 20 hours during a fall and a spring semester and may not exceed 20 during winter and summer sessions. This includes all on-campus jobs, which must be less than or equal to 20 hours.

Supervisor's Name: _____

Financial Officer's Name: _____ Financial Officer's Email: _____

Supervisor's Signature: _____ Date of Signature: 4/3/2018

PART II: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

Program Major: _____ Program Completion Date: _____

CONTINUE **OTHER ACTIONS**

START

COMPLETED BY SUPERVISOR **PART I: EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)**

Student's LAST Name, First Name: _____

Student's Job Title: _____ School/Department: _____

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Supervisor's Signature: _____ Date of Signature: 4/3/2018

PART II: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

Program Major: _____ Program Completion Date: _____

