

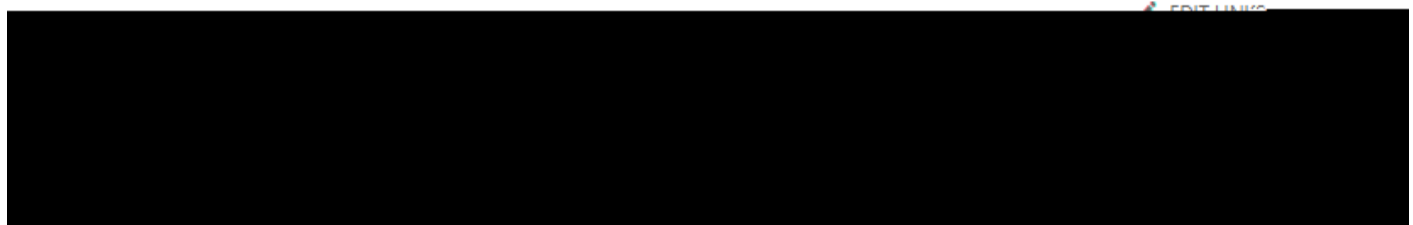
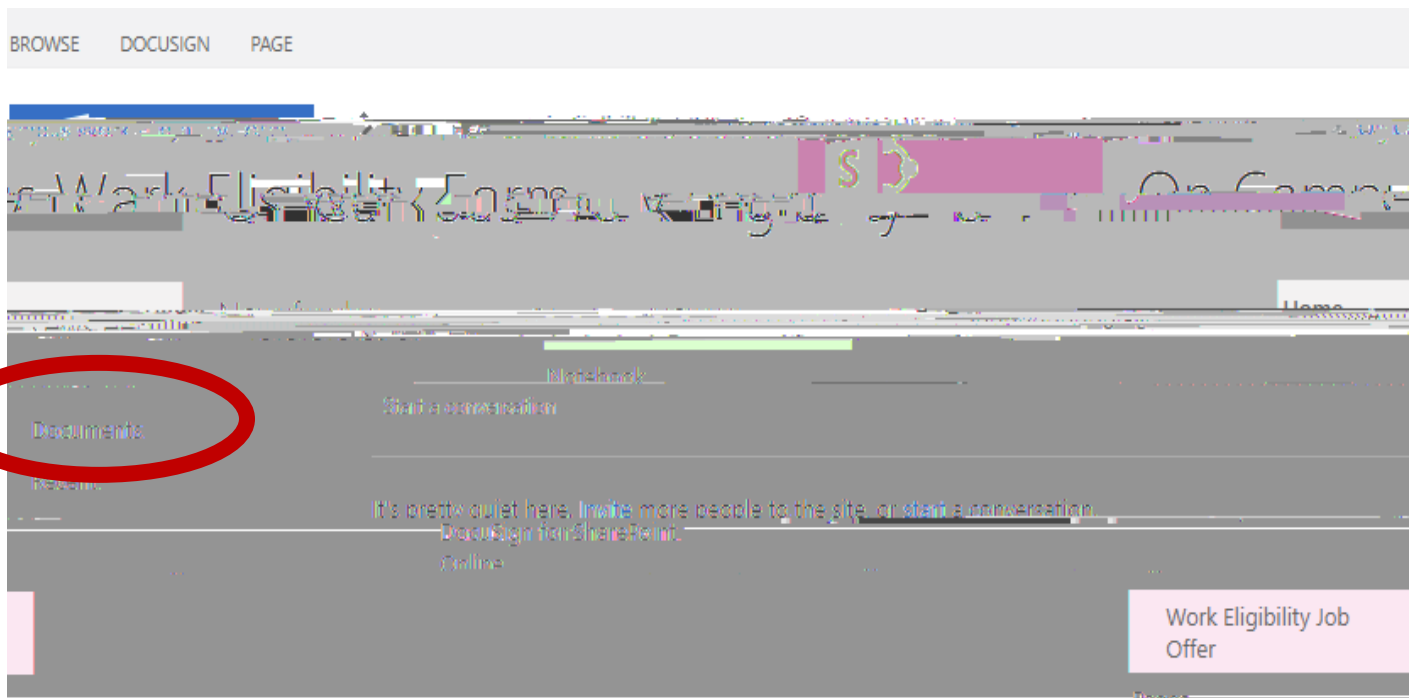
# ISSS ON-CAMPUS WORK ELIGIBILITY PROCESS

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



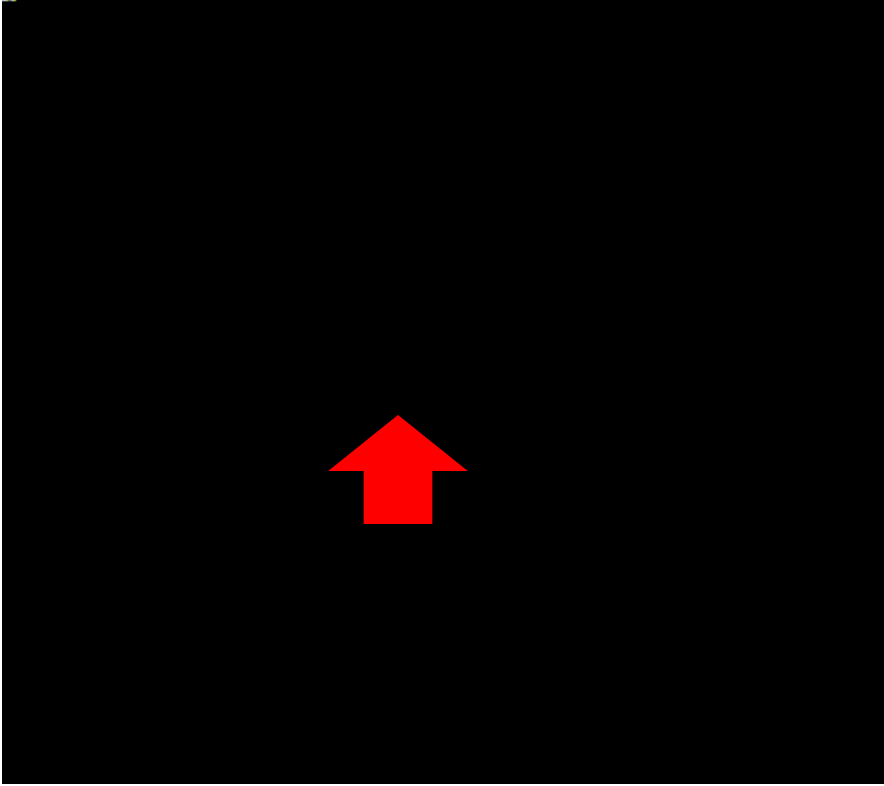
3. Point your cursor to DocuSign on the ribbon and click the arrow



4. Select: USE A TEMPLATE

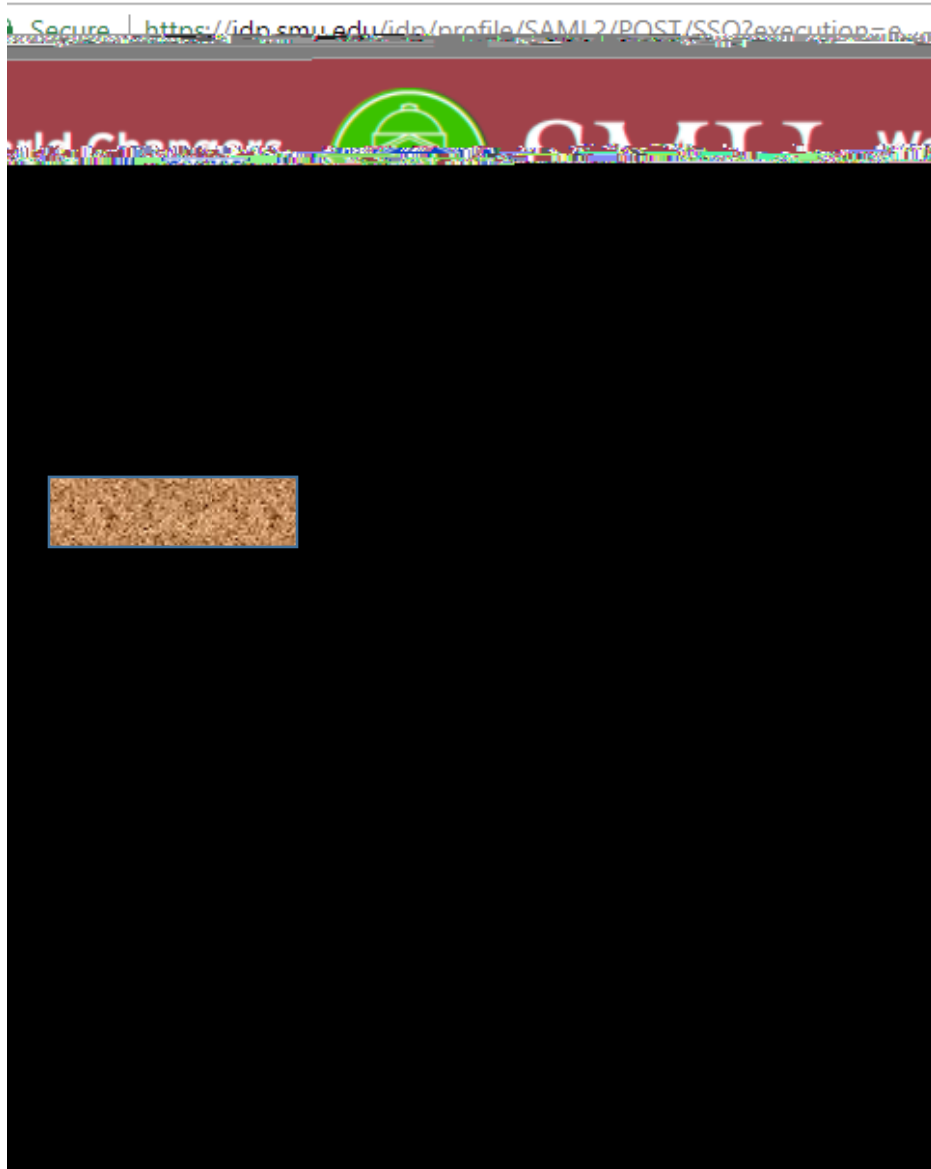


5. Log In to DocuSign: Use your SMU email address and select Continue

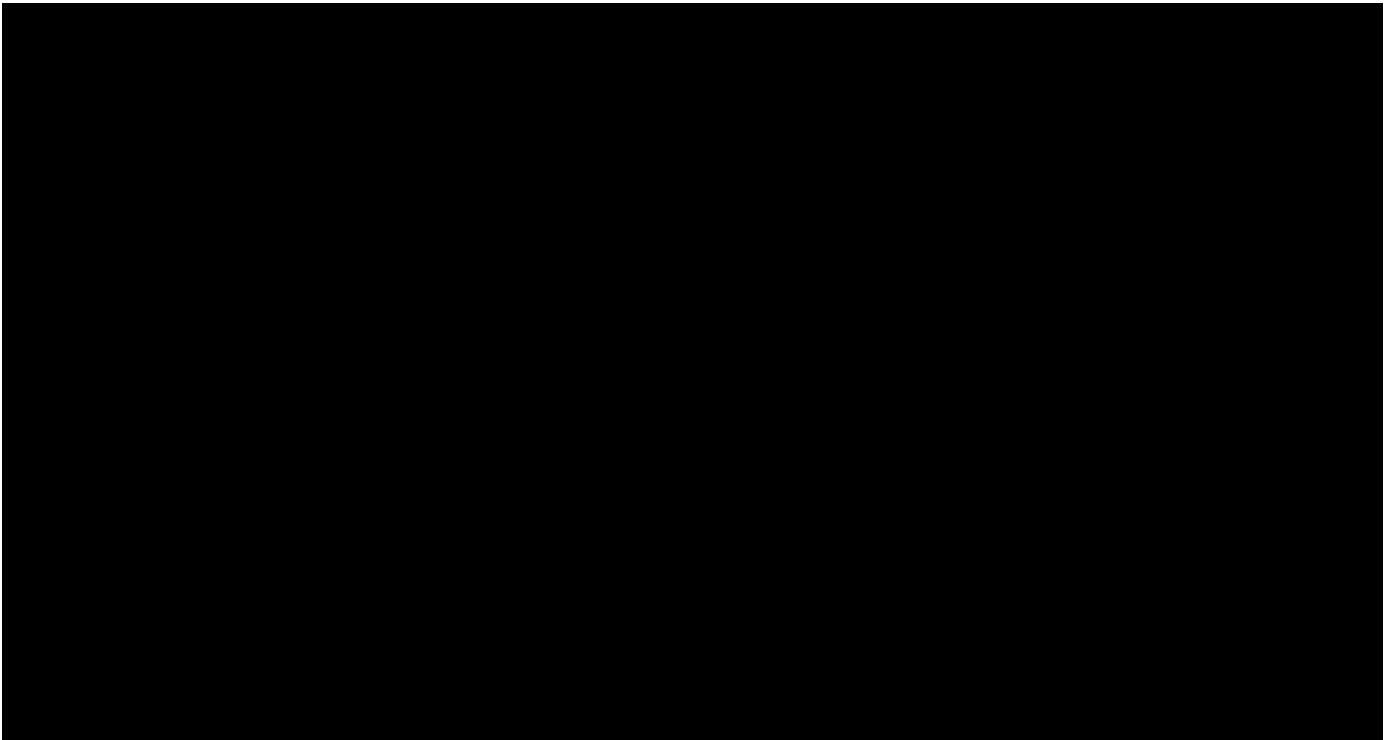




7. Login to DocuSign using your SMU ID number and password and click Log In



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

Write message for all recipients

Subject

Please Do Not

Message

message

Enter Message...

PREVIEW DOCUMENT

SEND

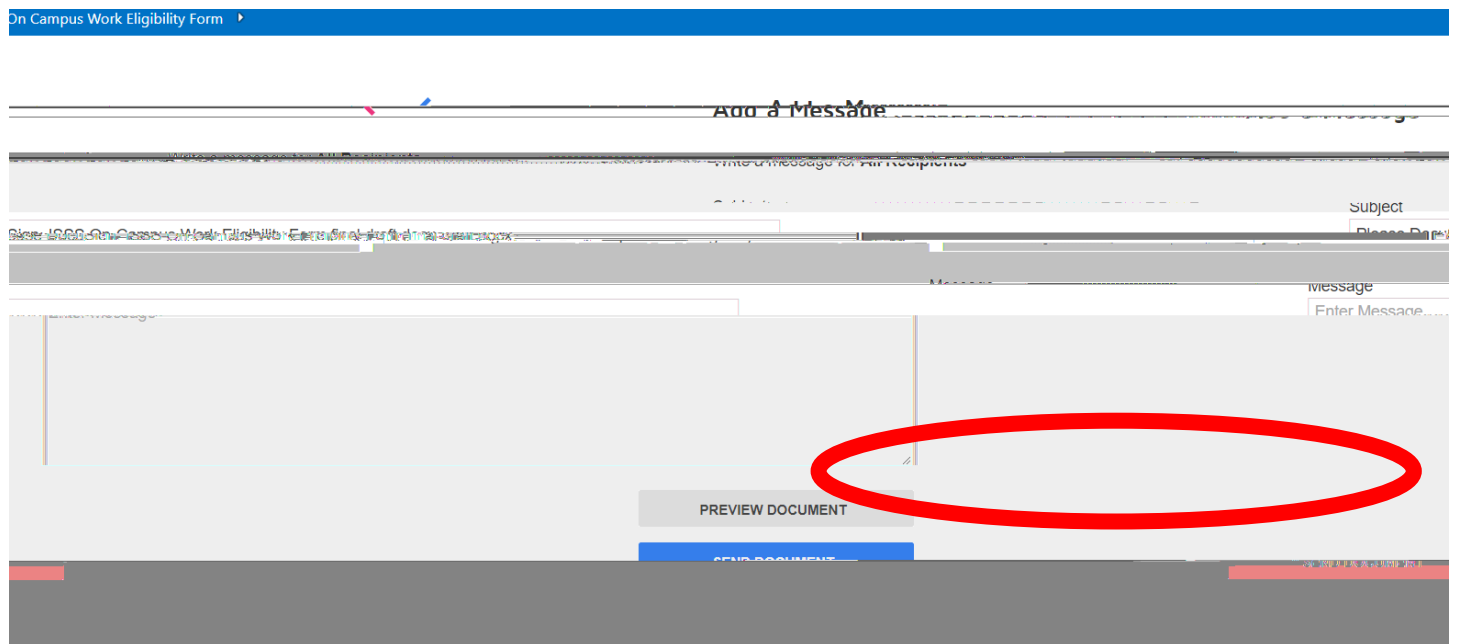


NOTE:

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

UNDER THE SUPERVISORS NAME, SELECT ON THE  
ARROW

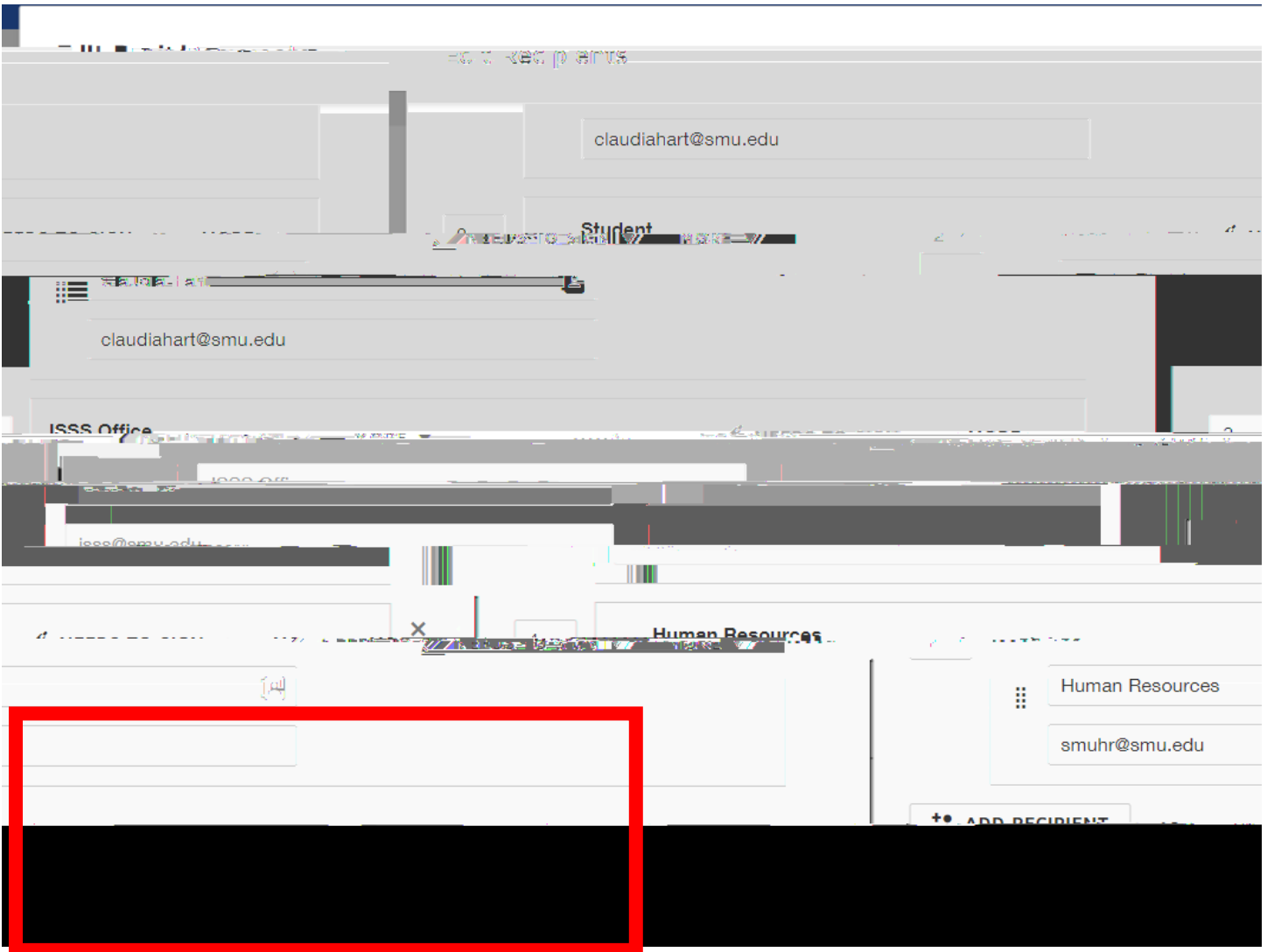
EDIT RECIPIENTS







# 11. SELECT: ADD RECIPIENTS:



## 12. CLICK CONTINUE ON THE UPPER RIGHT CORNER

Please review the documents below.

Please DocuSign This Document

DocuSign Envelope ID: F8B2F0C9-9E4B-4348-4416-702F0C031D4D

SMU & SCHOLAR SERVICES

### On-Campus Work Eligibility Form (For [redacted])

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

Student's LAST Name, First Name: [redacted]

Student's Job Title: [redacted] School/Department: [redacted]

Proposed Start Date: [redacted] Proposed End Date: [redacted]

Can request work authorization for one academic year of study in student's program and date, whichever is sooner.

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

Number of hours requested per week does not exceed 20 hours during a fall and fall/spring semester and may not exceed 20 hours during winter and summer semesters. This number may be reduced by hours that are not counted as credit hours.

Supervisor's Name: [redacted]

Financial Officer's Name: [redacted] Financial Officer's Email: [redacted]

Supervisor's Signature: [redacted] Date of Signature: 4/3/2018

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

Program Major: [redacted] Program Completion Date: [redacted]

**CONTINUE** **OTHER ACTIONS**

START

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

Student's LAST Name, First Name: [redacted]

Student's Job Title: [redacted] School/Department: [redacted]

Proposed Start Date: [redacted] Proposed End Date: [redacted]

Can request work authorization for one academic year of study in student's program and date, whichever is sooner.

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

Number of hours requested per week does not exceed 20 hours during a fall and fall/spring semester and may not exceed 20 hours during winter and summer semesters. This number may be reduced by hours that are not counted as credit hours.

Supervisor's Name: [redacted]

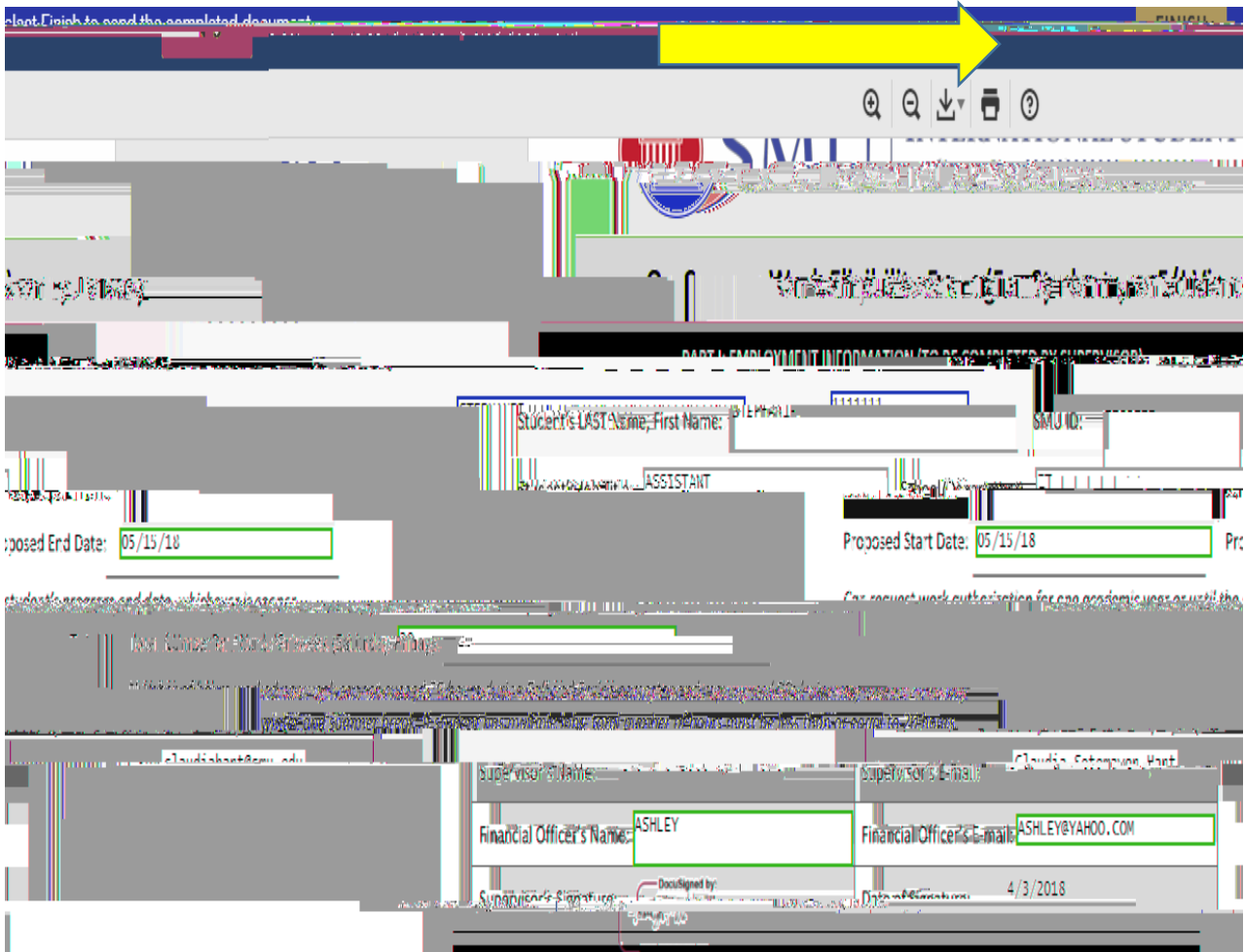
Financial Officer's Name: [redacted] Financial Officer's Email: [redacted]

Supervisor's Signature: [redacted] Date of Signature: 4/3/2018

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

Program Major: [redacted] Program Completion Date: [redacted]

### 13. COMPLETE THE FORM, SIGN AND CLICK FINISH



Click to send the completed document

SMU

PART-TIME EMPLOYMENT INFORMATION TO BE COMPLETED BY EMPLOYEE

Student's LAST Name, First Name: [REDACTED] EMP ID: 11111111 SMU ID: [REDACTED]

Job Title: ASSISTANT

Proposed End Date: 05/15/18 Proposed Start Date: 05/15/18

Supervisor's Name: [REDACTED] Supervisor's E-mail: [REDACTED]

Financial Officer's Name: ASHLEY Financial Officer's E-mail: ASHLEY@YAHOO.COM

Supervisor's Signature: [REDACTED] DocuSigned by: [REDACTED] Date: 4/3/2018