

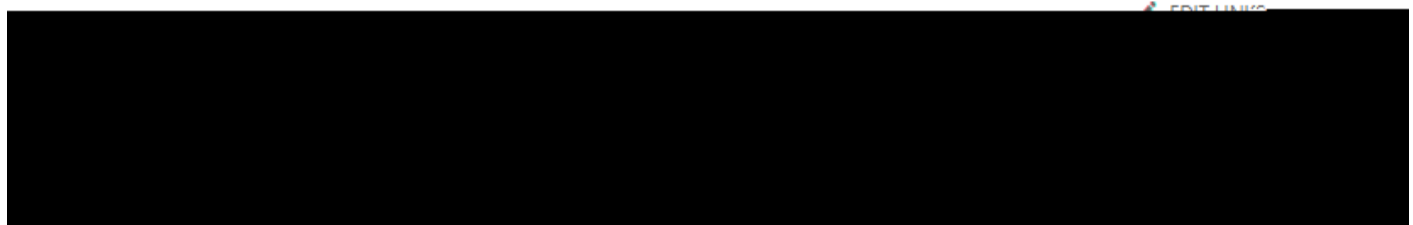
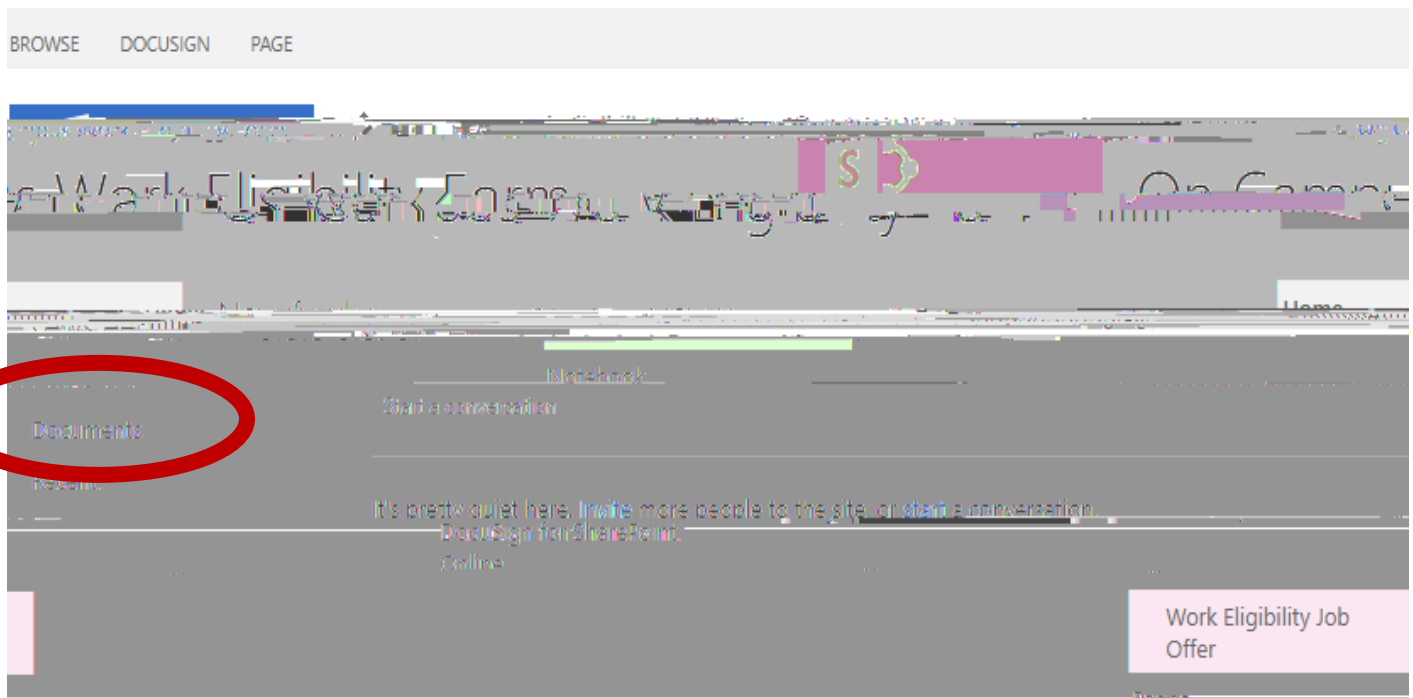
ISSS ON-CAMPUS WORK ELIGIBILITY PROCESS

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



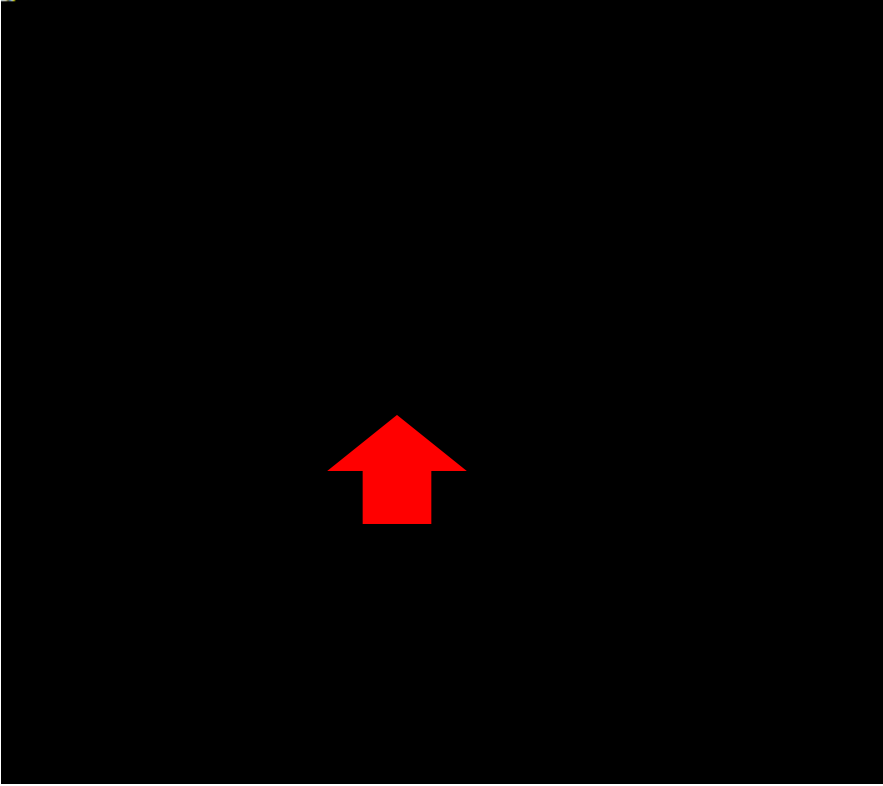
3. Point your cursor to DocuSign on the ribbon and click the arrow



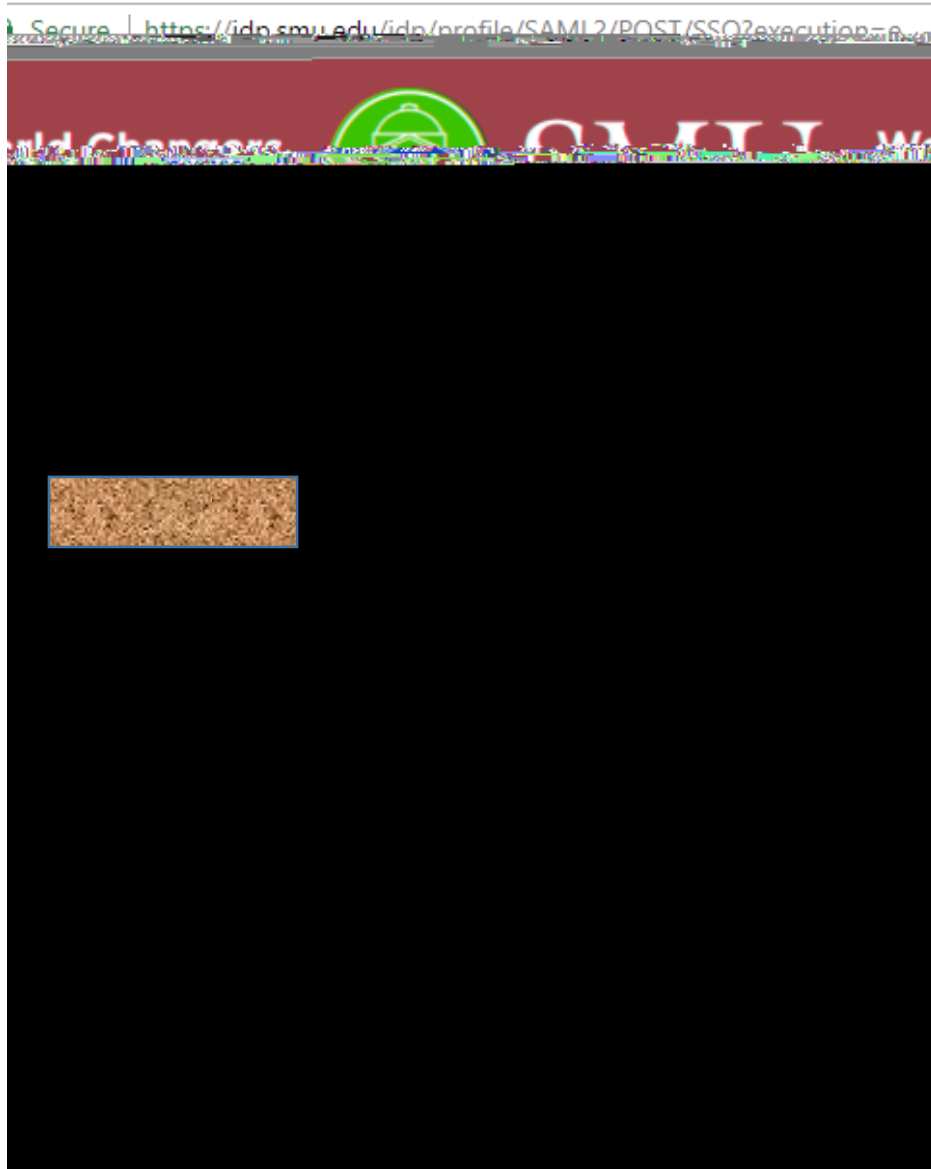
4. Select: USE A TEMPLATE



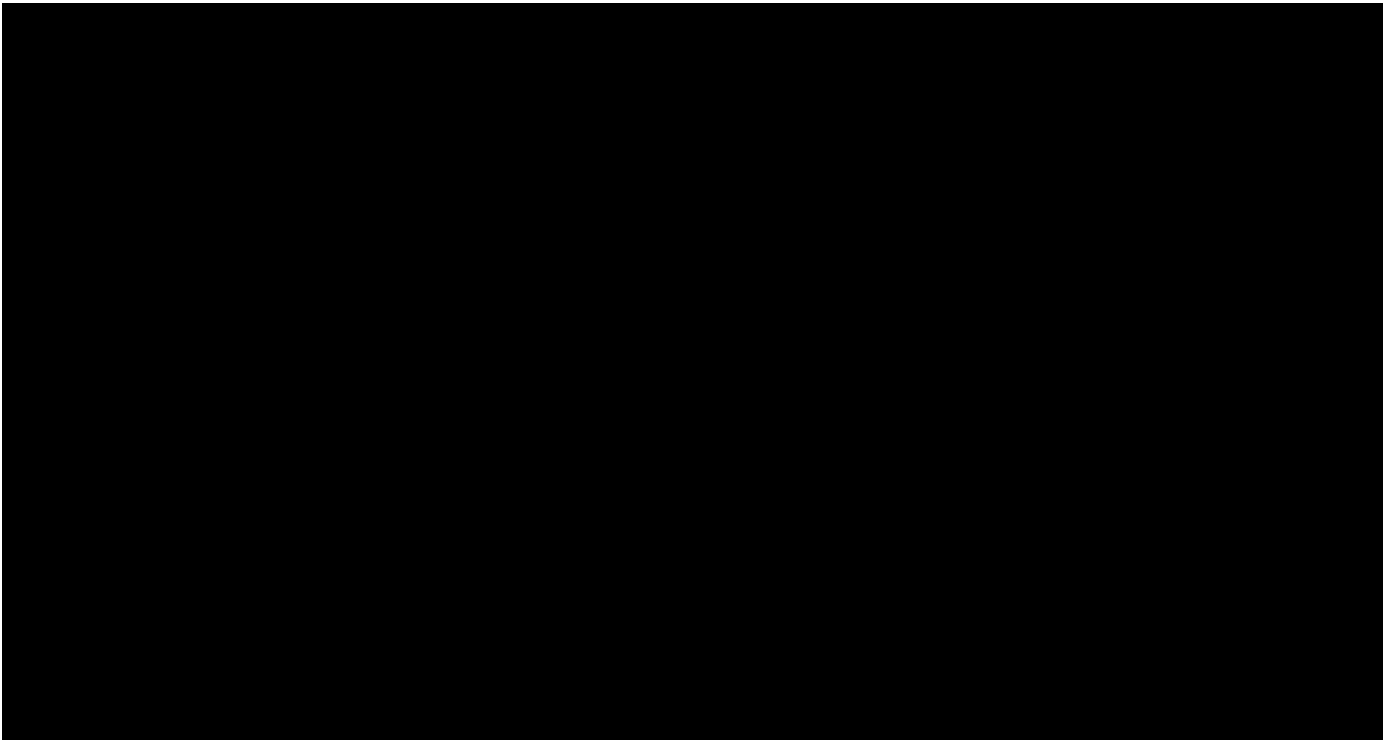
5. Log In to DocuSign: Use your SMU email address and select Continue



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

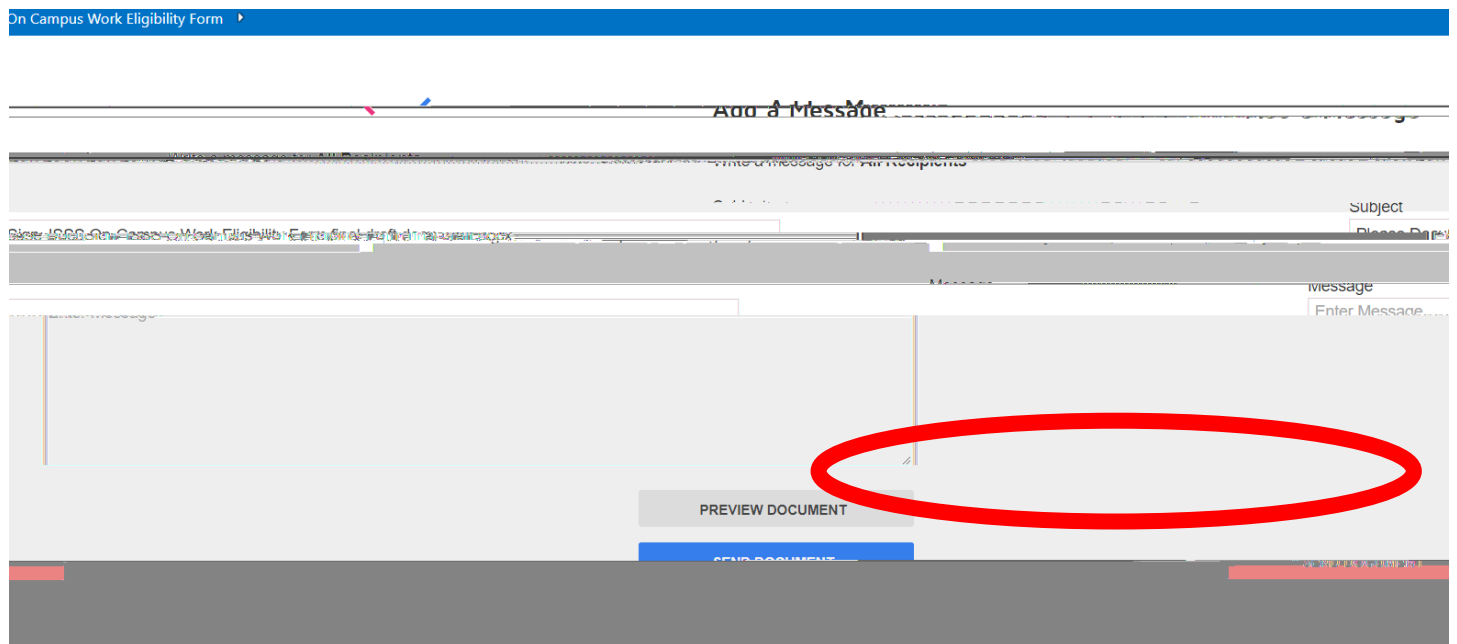


NOTE:

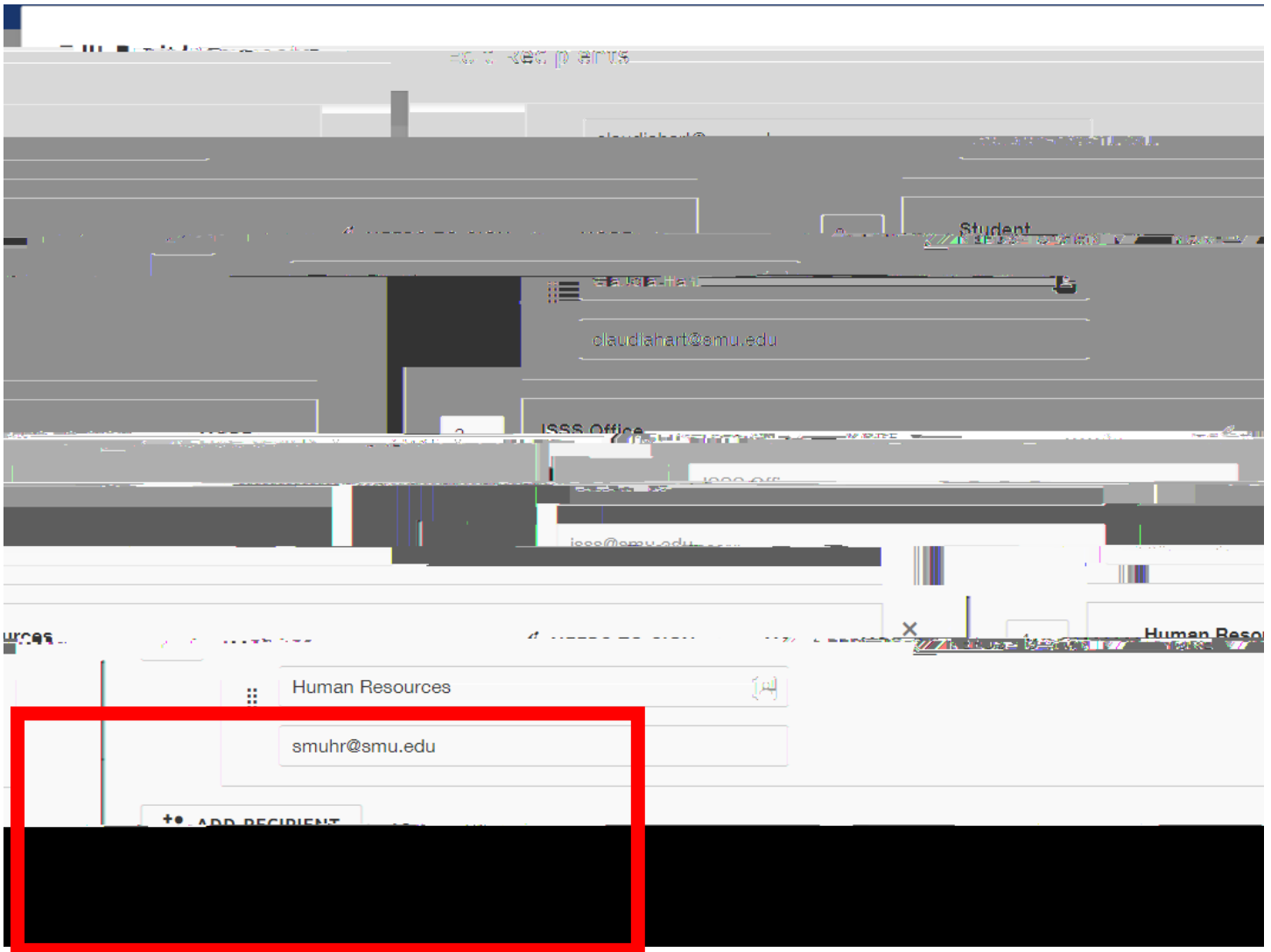
IF YOU WANT TO ADD A RECIPIENT, PLEASE SELECT
PREVIEW DOCUMENT

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.

DocuSign Envelope ID: F8B2F0C0-9E4B-43A8-4414-76020F0031D4D

 **SMU** Southern Methodist University

On-Campus Work Eligibility Form (For Undergraduate & Graduate 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 of study, beginning with the start of the student's program and ending, whichever is sooner:

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

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 sessions. This number may be reduced to 10 hours during the summer session. Hours 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:

Proposed Start Date: Proposed End Date:

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Supervisor's Name:

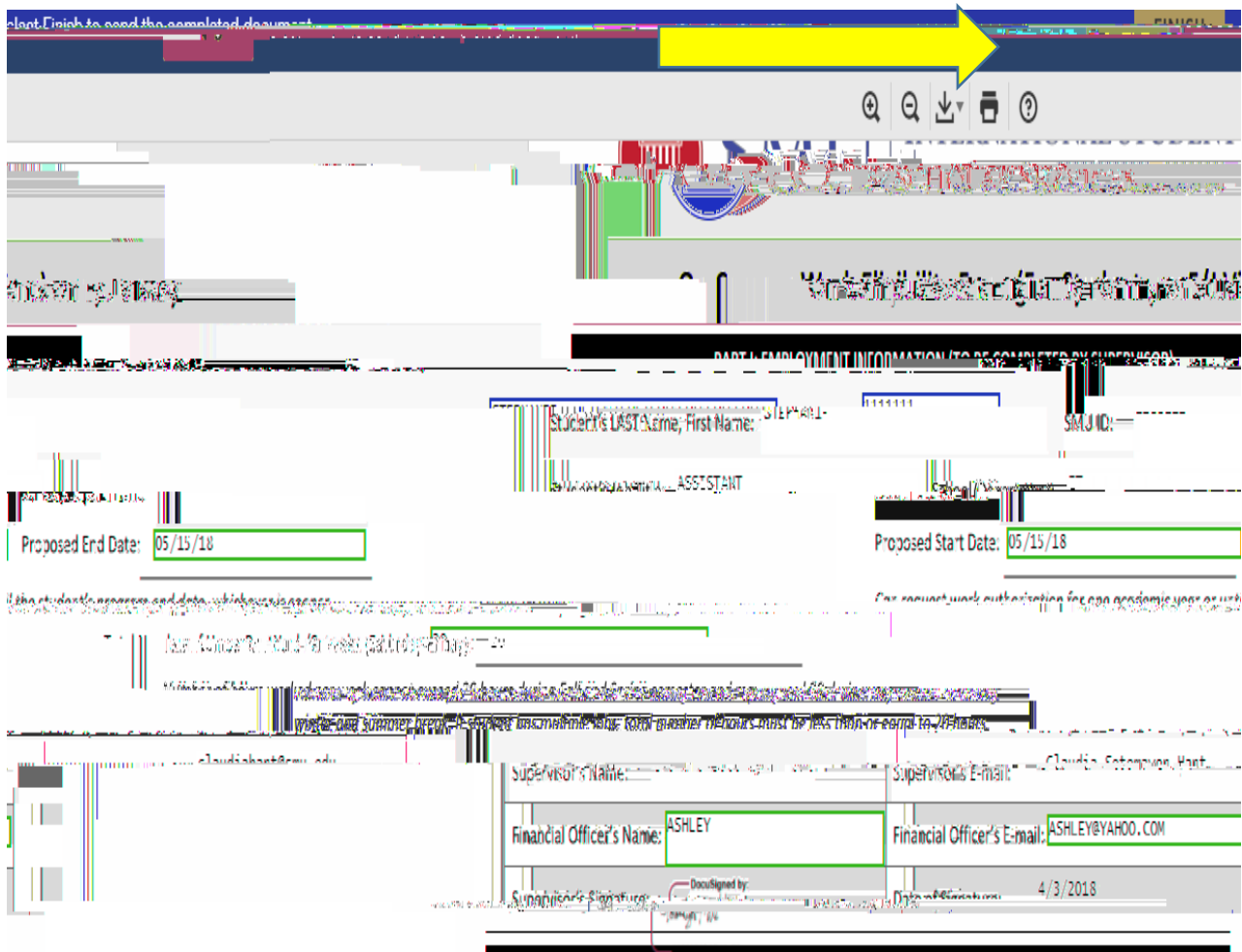
Financial Officer's Name: Financial Officer's Email:

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

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

Program Major: Program Completion Date:

13. COMPLETE THE FORM, SIGN AND CLICK FINISH



Student's LAST Name, First Name: STEPHEN SMJID: 11111111

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

Supervisor's Name: Claudia Schenker, Ph.D. Supervisor's E-mail: CLAUDIA.SCHENKER@UTAHSTATE.EDU

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

DocuSigned by: [Signature] Date: 4/3/2018