



SECTION 1: TO BE COMPLETED BY THE EMPLOYEE

Last/Family Name: _____ First/Given Names: _____

Date of Birth: _____

Passport Number: _____ Expiration: _____ Country: _____

SEVIS ID Number: _____ I-94 Number: _____

Immigration Status: F-1, UCI F-1, non-UCI J-1, UCI J-1, non-UCI H-1B T-N

EAD: temporary/permanent resident, pending, J-2, E-2, L-2 Other: _____

Most Recent Arrival Date into the US (shown on I-94 card): _____

Have you been in the US prior to your most recent entry date? No Yes, entry date: _____

Social Security: I have not applied, but will apply very soon I have applied, but I have not received my number yet

I have applied. My Social Security Number is: _____

Employment Authorization (EAD) Number (if applicable): _____

EAD Start Date: _____ EAD End Date: _____

Current US Address: _____

city state zip code

Phone: home / work / cell Email: _____

SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

<input type="checkbox"/> New employee	<input type="checkbox"/> Change of visa status	<input type="checkbox"/> Appointment without salary	Double Bind applies: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Re-hire	<input type="checkbox"/> Change from without salary to with salary	<input type="checkbox"/> Appointment with salary, \$ _____	

Employee's Job Title: _____

Employment Start Date: _____ Employment End Date: _____

Insurance:

- Employee has insurance coverage Employee is an enrolled UCI student and is covered by GSHIP/USHIP
- Employee will have UC coverage (J-1 only: Repatriation & Medical Evacuation insurance must be purchased separately. Information available at the International Center)

Department Name: _____

Department Contact: _____ Phone: _____

Department Signature: _____ Date: _____

⇒ Department must send this form & copies of passport bio page, visa stamp, DS-2019 or I-20, and I-94 card to the International Center via fax (4-3090)

⇒ Employment eligibility should not be assumed until verified by the International Center