internationaloffice.berkeley.edu


## Authorization for Off-Campus Payment or Site of Activity

## J-1 Exchange Visitors

Any off-campus payment or reimbursement for occasional lectures or consultations must be pre-approved by an adviser at Berkeley International Office before accepting payment of the proposed activity. Professors, Research Scholars and Short-Term Scholar participants in the (J-1) Exchange Visitor Program are only allowed to receive payment as specifically noted on their Form DS-2019 unless given prior written authorization by an International Scholar Adviser/Alternate Responsible Officer before accepting such payment. With this prior written authorization, a scholar may be compensated, paid, or reimbursed for occasional off-campus lectures, consultations, or seminars.

Additionally, off-campus sites of activity for incidental activities related to the primary J-1 research objectives that do not involve payment should also be authorized in advance by the Berkeley International Office.

Scholars sponsored by Fulbright, or other Exchange Programs must contact their program sponsor for specific information and instructions.

Eligibility\*

J regulations require that the occasional lectures or short-term consultations must:

* be directly related to the objectives of the J-1 Exchange Visitor's program;
* be incidental to the J-1 Exchange Visitor's primary program activities;
* not delay the completion date of the J-1 Exchange Visitor's program; and
* be documented in SEVIS.

\*These requirements also apply to any off-campus site of activity.

Application Instructions

Follow the steps below at least 10 working days prior to the proposed compensated activity or off-campus site of activity. Receiving unauthorized payment is a violation of J-1 status.

1. Complete the “Off-Campus Payment Authorization Request Form.”
2. Gather the required attachments (listed on Request Form).
3. Submit all the above to Berkeley International Office.
4. Please allow 10 business days for your request to be evaluated. You will receive a formal authorization letter or communication from our office regarding the status of your request within 10 business days. If the site of activity and/or payment is authorized, the authorization letter will be sent to you via DocuSign. If an amended DS-2019 is required, it will also be included with your letter.

If you have any questions, email jscholar@berkeley.edu.

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**Off-Campus Payment/Reimbursement Authorization Request Form**

Complete a separate form for each host institution. Attach the following to this application:

**[ ]**  A copy of the front and back of your current paper I-94 card, or a print-out of your electronic I-94 record.

**[ ]**  A copy of your DS-2019

**[ ]**  The UC Berkeley Departmental Recommendation (as described at the bottom of the page)

**[ ]**  A signed letter from each host institution setting forth the terms and conditions of the offer including:

* 1. Dates, hours per week (if more than 1 week), and total number of hours for the proposed activity
	2. Field or subject
	3. Amount of the salary, honorarium, reimbursement or other compensation
	4. Description of the activity

|  |  |
| --- | --- |
| Scholar’s Family Name:       | Scholar’s First Name:       |
| Scholar’s Phone:       | Scholar’s Email:       |
| UCB Department:       |
| UCB Department Address:       |
| Name of Off-campus Activity/Host Institution:       |
| Address of Off-campus Activity:       |
| Contact Person at Off-campus Institution:       |
| Date(s) of Proposed Activity (mm/dd/yyyy):        | Hour(s)/Week of Proposed Activity (if more than 1 week):      Total Number of Hours:       |
| Type of Payment (check all that apply): | Amount of Payment: | Has the scholar already received payment?[ ]  Yes [ ]  No |
| [ ]  Honorarium | $       |
| [ ]  Reimbursement of travel expenses  | $       |
| [ ]  Other (specify):       | $       |
| [ ]  Not applicable – no payment, requesting authorization for unpaid site of activity only |
| UC Berkeley Department Recommendation *(To be completed by UCB Host Faculty or Department Head)*Please describe in the space below (or attach a signed letter) the objectives of the activity and how it will enhance the scholar’s J-1 academic objectives.       |
| UCB Host Faculty Name:        | Signature: Date:       |

If an updated Form DS-2019 is required, it will be emailed to you using Docusign along with your authorization letter. Please confirm your email address above.