

# Employment Authorization for Work/Travel J1 Visa Holders



The DS2019 form is the employment authorization for J1 visa participants. When you are hiring a J1 Work/Travel visa participant, you must always ask to see their DS2019 form. The visa stamped in their passport is not sufficient without a DS2019 form with valid dates. If in doubt, please call the sponsoring agency to confirm that a participant is legal to work. The form will be printed on white paper from the SEVIS database (Student and Exchange Visitor Information System) by the sponsoring agency and signed in blue. We recommend you photo copy each participant's form for your records. Below is a sample DS2019 form.

## Points of Interest:

The DS2019 form will be printed on WHITE paper.

Pre-arranged Employer's or J1 Agency Address

Sponsoring Company and Program Number

Type of J1 Visa

Dates Legal to Work (cannot be extended or changed)

Visa Category and Description must say "Summer Travel/Work; Basic skills, general"

Immigration Stamp

Responsible Officer Signature (legally in blue ink)

U.S. Department of State CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS						OMB APPROVAL NO.1405-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
1. Family Name: PARTICIPANT      First Name: IMA      Middle Name: GOOD      Gender: FEMALE Date of Birth (mm-dd-yyyy): 02-11-1982      City of Birth: WESTMEATH      Country of Birth: IRELAND      Citizenship Country Code: EI      Citizenship Country: IRELAND Legal Permanent Residence Country Code: EI      Legal Permanent Residence Country: IRELAND      Position Code: 215      Position: UNIVERSITY UNDERGRADUATE STUDENTS U.S. Address: 2330 Marinship Way Suite 250 Sausalito, CA 94965						#XXXXXXXXXX	
2. Program Sponsor: Camp Counselors USA/Work Experience USA      Exchange Visitor Program Number: P-4-05533 Participating Program Official Description: SUMMER TRAVEL/WORK						J-1	
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.							
3. Form Covers Period: From (mm-dd-yyyy): 06-15-2003      To (mm-dd-yyyy): 10-14-2003 4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject/Field Code: 32.0101      Subject/Field Code Description: Basic Skills, General							
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: All other organizations providing support: \$2,500.00 Personal funds: \$700.00 Total: \$3,200.00							
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE) JUN 15 2003 CLASS J ADMITTED						7. William Harwood      Responsible Officer Name of Official Preparing Form: 2330 Marinship Way      Title: 415-339-2728 Suite 250      Officer or Alternate Responsible Officer      Telephone Number: 04-01-2003 Sausalito, CA 94965      Signature of Responsible Officer or Alternate Responsible Officer Date (mm-dd-yyyy): 04-01-2003	
8. Statement of Responsible Officer Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): JUN 15 2003      Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.						Signature of Responsible Officer or Alternate Responsible Officer      Date (mm-dd-yyyy) of Signature PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended	TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.						Signature of Participant      Dublin, Ireland      Date (mm-dd-yyyy): 04-15-2003 Signature of Applicant      Place DS-2019 (formerly IAP-66)	

Form DS2019 is formerly known as form IAP-66