ADDENDUM TO SITE OF ACTIVITY & PAYMENT/REIMBURSEMENT AUTHORIZATION FORM

In order to participate in an off-site or on campus activity and receive reimbursement from UCSC or an outside institution, J-1 scholars must request government authorization. ISSS must receive this form AT LEAST TEN BUSINESS DAYS BEFORE the activity begin date. This Form Must Be Completed for Each Activity

Federal Authorization is Required for the Following
These are a few very basic examples that are by no means meant to be exhaustive:

1. A J-1 scholar will consult or present with regional researchers at an off-site or on campus location and be reimbursed by UCSC
2. A J-1 scholar will present at a conference and will receive reimbursement from conference organizers or a third party institution for flights, hotels, or meals
3. A J-1 scholar will be a guest lecture for a seminar series and will receive a stipend from an outside institution or UCSC

Eligibility for One-Time/Incidental Activities:
- Must be a J-1 exchange visitor participating in the Professor, Research Scholar, or Short Term scholar categories
- Must be directly related to the objectives of the exchange visitor’s program
- Must be incidental to the exchange visitor’s primary program objectives
- Must be occasional in nature. ‘Occasional’ embodies the concept of single events rather than an ongoing activity
- Must be documented in SEVIS prior to participation
- Must submit institutional payment letter with this form if scholar will be reimbursed/paid by an institution other than UCSC
- If receiving an honorarium, stipend (or similar type of one-time payment), must be paid as an independent contractor
- If being reimbursed, no need to be paid as an independent contractor
- Cannot delay the completion date of the visitor’s program
- Inappropriate for job interviews

Authorization Process
1. Scholar completes Section I and II of this form and requests Institutional Payment Letter (if applicable). (If the scholar has not yet arrived in the U.S., notify ISSS to assist with this process.)
2. Scholar gives this form with the Institutional Payment Letter to the Principal Investigator or Department Chair to complete Section III.
3. Principal Investigator / Department Chair approve and forward form and Institutional Payment Letter to Divisional contact
4. Division checks form for accuracy, confirms payment letter is acceptable, and forwards paperwork to ISSS
5. ISSS requests federal authorization 10 business days prior to participation in the activity
6. ISSS emails the scholar to claim his/her updated DS-2019 form, which will include site of activity authorization. The DS-2019 form is documented proof of authorization to participate in the activity and receive reimbursement/payment.

Consequences if Site of Activity is Not Authorized
ISSS is unable to request authorization for participation in activities after the event has taken place. Failure to request authorization prior to the event may lead to program termination. Please know that payment cannot be issued, and participation in the event cannot take place without prior government approval. “Payment” is defined as receiving reimbursement, a stipend, an honorarium, etc. It is never appropriate to be paid on an hourly basis, or by salary, as this assumes that the scholar is participating in an ongoing activity, which is disallowed by the U.S. Department of State Exchange Visitor program.
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I. J-1 SCHOLAR INFORMATION (COMPLETED BY SCHOLAR)

Scholar Name: ___________________________ Email: ___________________________ Date: ___________________________

Family Name First Name

II. EMPLOYMENT/ACTIVITY INFORMATION (COMPLETED BY SCHOLAR)

☐ One-Time/Incidental Participation in Activity
  • Will you receive reimbursement or payment for participation? ☐ *Yes // ☐ No
  • *If yes, please list name of institution that will reimburse you (ie. UCSC, third party, etc):
    ___________________________________________

Site Name Where Activity Will Take Place: _______________________________________________________________________________________

Site Address: ________________________________________________________________________________________________________________

I, ___________________________________________ , recommend that Mr. / Ms. ___________________________________________ participate in

PI or Department Chair Name

Name of J-1 Scholar

the conference/lecture/consultation/other ( ), taking place at ___________________________________________

Institution Hosting Scholar

on the following dates ___________ WR ___________. Participation in this activity will directly enhance this Exchange Visitor’s J-1 program by

Participation Dates(s)

DETAILED Description of How Activity Will Enhance the Exchange Visitor’s Program (to be recorded in scholar’s government record)

DETAILED Description of How Activity Will Enhance the Visitor’s Program (to be recorded in scholar’s government record)

The Scholar will receive a reimbursement/honorarium/stipend/other ( ) in the approximate amount of $_________

Circle one Explain Type of Payment (if other) Amount

For participation in this activity, I confirm that the activity is directly related to the J-1 scholar’s program objective, is incidental to the Exchange Visitor’s primary program objective, and will not delay the completion date of the scholar’s J-1 program. **

** I will forward this form and the sponsor invitation letter (if applicable) to my Divisional contact for approval so that ISSS receives this form at least 10 business days prior to the scholar’s participation in the event. **

PI or Department Chair Signature Date

IV. DIVISION APPROVAL

Upon reviewing the guidelines on page one of this form, I confirm that the J-1 scholar is eligible to participate in this activity, and that UCSC payment (if applicable) will not be issued until the activity has been authorized in the government database. I understand that this form must be received by ISSS at least 10 days prior to the scholar’s participation in the activity, and that the ISSS is legally unable to authorize Site of Activity requests after the event has taken place. Submitting this form after the event has taken place will result in a denial of authorization.

DIVISION

NAME & TITLE (Academic Dean or Official Designee) SIGNATURE (Academic Dean or Official Designee) Date: 

PI or Department Chair Signature Date
If the scholar will not be paid by UCSC, the institution issuing payment must submit a detailed letter setting forth the terms and conditions of payment and participation in the event. A sample letter is offered on page three of this form. The letter must be signed.

* SAMPLE INSTITUTIONAL PAYMENT LETTER *

IF PAYMENT WILL BE ISSUED BY UCSC, THIS LETTER IS NOT NECESSARY

If questions, Please Email jvisa@ucsc.edu -

International Scholar Advisor
International Scholar and Student Services
University of California Santa Cruz
1156 High Street
Santa Cruz, CA 95064
(831) 459-2858
jvisa@ucsc.edu

Date (mm/dd/yyyy)

To Whom It May Concern:

The (name of organization or university) would like to support (scholar’s full name) to (explain activity such as lecture, conference, consultation, etc.) regarding (subject or field) on (date or dates) for a total of ( # ) hours. The event will take place at (name and address where activity will take place). We will offer approximately (state amount of payment) as a (travel reimbursement, stipend, payment of expenses, or other one-time payment) to (scholar’s name.)

If this scholar will be paid a stipend, honorarium, or similar type of one-time payment, our institution understands that he/she must be paid as an independent contractor. As such, we understand that the J-1 scholar cannot be employed on an ongoing basis. If this scholar will be issued a reimbursement, our institution understands that the independent contractor status is not necessary.

We understand that this scholar cannot participate in this activity without prior SEVIS government authorization. We understand that written authorization is confirmed when the scholar submits the updated DS-2019 to our institution, whereby the funding portion reflects our institution’s compensation.

If further information is needed, please contact me at (email and telephone).

Sincerely,
*Signature Required (name, title)