

Office of Global Learning International Students & Scholars Office Tel. 607-255-5243 isso@cornell.edu

Off-Campus Payment / Reimbursement Authorization:

J-1 Professors, Research Scholars and Short-Term Scholars

Cornell University sponsored (P-1-00043) J-1 Exchange Visitors must be pre-approved by an advisor at Cornell's ISSO before accepting payment for any off-campus payment or reimbursement for an **occasional** lectures or consultations. The ISSO will consider requests for specific days/dates, but does not consider activities as measured in weeks or months to be "occasional". If you are considering an activity of more than a few days, you will want to speak to the ISSO about whether your proposed activity will be permitted and approved.

Scholars sponsored by other Exchange Program sponsors must contact their program sponsor for similar permission.

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.

Application Instructions

Follow the steps below. Submit the request 10 working days prior to your proposed compensated 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 Cornell University ISSO: isso@cornell.edu
- 4. Please allow 10 business days to receive your letter of authorization. You may pick it up or have it scanned to you.

If you have any questions, email ISSO@cornell.edu or call 607-255-5243.

Off-Campus Payment/Reimbursement Authorization Request Form

Complete a separate form for each employer or host inst	itution. Attach t	he following to this application	:
 ☐ A copy of the front and back of your current paper ☐ A copy of your DS-2019 ☐ The Cornell University Departmental Recommenda ☐ A letter from the host institution or employer set 	ation (as describe	d at the bottom of the page)	
 Dates and total number of hours for the propose Field or subject Amount of the salary, honorarium, reimburseme Description of the activity 	•	nsation	
Scholar's Family Name:		First Name:	
Scholar's Phone:		Email:	
CU Department:			
CU Department Address and Mail Code:			
Name of Off-campus Activity:			
Address of Off-campus Activity:			
Contact Person at Off-campus Institution:			
Date(s) of Proposed Activity (mm/dd/yyyy):	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): Honorarium		Amount of Payment:	Has the scholar already received payment?
Reimbursement of travel expenses		\$	Yes
Other (specify):		\$	□ No
Authorization Delivery Options (check one): Email me when it's ready and I will pick it up in the Cor Scan and email me the authorization letter.	nell University Inte	rnational Office.	
Cornell University Department Recommendation (Please describe in the space below (or attach a letter or copy of objective.			
CU host faculty Name:	Signature:		Date: