

Dear Social Security Representative:

This is evidence of **on-campus employment** for:

Student's last name

First name

Nature of student's job (e.g., wait staff, library aide, research assistant, etc.):

Start Date: _____

Number of Hours/Week: _____

Employer (department) contact information:

54-6001805

Employer Identification Number (EIN)

Employer Telephone Number

Student's Immediate Supervisor

Employer Signature (Original): _____

Signatory's Title: _____

Date: _____