



Date: _____

Dear Social Security Administration:

This is evidence of on-campus employment for _____
(Student's Name)

Nature of Student's Job:

Start Date: _____ **Number of Hours/Week:** _____

Employer Contact Information: _____
(Employer Identification Number – EIN)

(Employer Telephone Number)

(Student's Immediate Supervisor)

(Supervisor's Original Signature)

(Supervisor's Title)

(Date)