

Date: _____

To Whom It May Concern:

This is evidence of on-campus employment for _____.

Nature of student's job: _____

Start Date: _____ or As SS# is issued

Number of Hours/Week: _____ (no more than 20 hours during semesters)

Employer contact information:

Supervisor's name: _____

Department/Office: _____

Santa Clarita Community College District

Phone: (661) 362-_____

Employer Signature: _____

Date: _____