

Date:

To Whom It May Concern:

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

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: _____

Employer: _____

Phone: _____

Employer Signature: _____

Date: _____