

To Whom It May Concern:

This is evidence of on-campus employment for:

Name of student

Nature of student's job: _____

Start Date: _____

Number of Hours/Week: _____

Employer Identification Number (EIN): 35-600-1673

Employer Telephone Number: _____

Student's Immediate Supervisor: _____

Employer Signature (Original): _____

Signatory's Title: _____

Date: _____