[Insert Today’s Date]

To Whom It May Concern:

This is evidence of on-campus employment for: [Insert Student Name Here]

 (Name – F-1 Student)

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

[Insert brief description of student’s job duties]

Start Date: [Insert Start Date] Number of Hours/Week: 20.0-37.5 maximum

Employer Contact Information: 36-2169145

 (Employer Identification Number – EIN)

 [Insert Department Phone Number]

 (Employer Telephone Number)

 [Insert Supervisor’s Name]

 (Student’s Immediate Supervisor)

Employer Signature (Original):

Signatory’s Title: [Insert Title]

Date: [Insert Today’s Date]