

## International Student Programs

Telephone: (845) 257-3596 Fax: (845) 257-3608

Email: [international@newpaltz.edu](mailto:international@newpaltz.edu)

### **STUDENTS: PLEASE GIVE TO YOUR ON-CAMPUS EMPLOYER**

Dear Colleagues,

When applying for a Social Security number, F-1 and J-1 students are required to show proof of an on-campus job or job offer. I understand that an international student will be hired by you. Please complete the enclosed letter with the student's name, the place of employment, the nature of the employment, start date, number of hours per week, the supervisor's contact information, and the employer ID number.

F-1 and J-1 students are allowed to work on campus for no more than 20 hours per week during the academic semester and more than 20 hours per week during the long vacations without special work authorization from the US immigration service.

An F-1 or J-1 student may work while the Social Security number application is pending. He or she will not, however, receive a paycheck until the card is processed. You may wish to reference SSA's fact sheet, *Employer Responsibilities When Hiring Foreign Workers*. This fact sheet contains information on how to report wages for an employee who has not yet received an SSN and is available online at <http://www.socialsecurity.gov/employer/hiring.htm>.

Please contact me with any questions you might have. Thank you for your cooperation.

Sincerely,

Julie O'Sullivan  
International Student Advisor

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**ON-CAMPUS EMPLOYER FORM**

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To whom it may concern:

This is evidence of on-campus employment for: \_\_\_\_\_

**Place of work on campus** (e.g. food services, library, bookstore etc.):

\_\_\_\_\_

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

\_\_\_\_\_

Start Date: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_

Employer contact information:

\_\_\_\_\_  
**(Employer Telephone Number)**

\_\_\_\_\_  
**(Student's Immediate Supervisor)**

Employer Signature (Original): \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

