STUDENTS: PLEASE GIVE TO YOUR ON-CAMPUS EMPLOYER

Dear Colleagues,

When applying for a Social Security number, F-1 and J-1 visa 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 no more than 29 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. 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](http://www.socialsecurity.gov/employer/hiring.htm).

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

Sincerely,

Cindy Cullen
Coordinator, International Student Services
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ON-CAMPUS EMPLOYER FORM

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: ______________________________________