To: Social Security Letter Administration

To whom it may concern:	
This is evidence of on-campus employ	ment for: Name of F-1 student
Nature of student's job (e.g., wait staff, library aide, research assistant, etc.):	
Start Date:(start date should not be more	re than 30 days in advance of letter's date)
Number of Hours/Week:	
(no mor full tin	re than 20 hours per week during the academic year/ ne during summer/breaks)
Employer contact information:	
	Employer Identification Number (EIN)
	Employer Telephone Number
	Student's Immediate Supervisor
Employer Signature (Original):	
Signatory's Name and Title:	
Date:	
may wish to reference SSA's fact sheet This fact sheet contains information on	cial Security number application is being processed. Employers t, <i>Employer Responsibilities When Hiring Foreign Workers</i> . I how to report wages for an employee who has not yet received www.socialsecurity.gov/employer/hiring.htm.
D.S.O. Certification: This certifies that standing attending the University of Ca	the above named student is a full time F-1 student in good alifornia, Riverside.
	(951) 827-4113
Designated School Official-Original Si	gnature Telephone Number
Typed or Printed Name	
Date	