
Today's Date

Social Security Administration
328 Susan Dr, Suite 100
Normal, IL 61761

To Whom It May Concern:

This is to certify that _____ has been offered or is already

Name of Student

working in general on-campus employment as a

Job Title

Start Date: _____
MM/DD/YYYY

Number of hours per week: _____
hours/week

Employer Contact Information:

37-6014070

Employer Identification Number (EIN)

Name of Immediate Supervisor

Telephone Number of Immediate Supervisor

The address where the student will physically perform the work is:

Sincerely,

Name

Title

Signature of Employer