
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: _____ Number of hours per week: _____
MM/DD/YYYY 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,

Employer Signature

Employer's Name (Printed)

Employer's Title