

\_\_\_\_\_  
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