

# On-Campus Employer Statement

To Whom It May Concern:

This is evidence of on-campus employment for:

\_\_\_\_\_  
Name of Student

Nature of student's job (i.e. wait staff, library aide, research assistant,  
etc.): \_\_\_\_\_

Start Date: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Employer contact information:

\_\_\_\_\_  
Employer Name  
**64-6000818**

\_\_\_\_\_  
Employer Identification Number (EIN)

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Student's Immediate Supervisor

Employer's Signature (no stamps, please)

\_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_