

Date _____

To: Social Security Administration
Re: Employment requiring Social Security Card

This is to inform you that _____
(Last, first name of the student)

will be employed by _____
(Name of the Department)

beginning _____. The student's position will be
(Date employment will begin)

(Title and nature of employment)

and _____ hours per week.

(Printed name of the supervisor)

(Title and Department)

(Contact telephone number)

74-1717115
(Employer's Identification Number – EIN)

(Signature)