

To Be Completed On Department Letterhead By the Immediate Supervisor at Place of Employment

F-1 On-Campus Employer Letter

**This form must be printed on hiring department's letterhead, and include an original signature in blue ink.*

*** SSA will not accept this form if anything is crossed out or white-out is used.*

Student Information

Student's full name **as it appears on passport:**

First / Given _____ Middle (if any) _____ Last / Surname _____

Date of Birth: (mm/dd/yyyy): _____ / _____ / _____ CU ID #: _____

SEVIS ID number (on I-20 beginning with N): N_____

On-Campus Employment Information

Campus Employer (full name of department or office, no abbreviations):

EIN: 13-5562985 Employer telephone number: _____

Start date: (mm/dd/yyyy) _____ / _____ / _____ Hours/week: _____ Pay / hour: _____

Position title (e.g. teaching assistant, library assistant): _____

Position description (brief): _____

Supervisor's name: _____

Supervisor's full title (no abbreviations): _____

I attest that all employment information on this form is complete and accurate.

Supervisor Signature (ink signature only): _____

Date (mm/dd/yyyy): _____ / _____ / _____

Per 8CFR 214.2(f)(9)(i), students in F-1 status are permitted on-campus employment up to 20 hours per week while classes are in session. Full-time employment is permitted during vacation periods, provided the student intends to register for the subsequent term.