

F-1 On-Campus Employer Letter

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

**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.