

Date _____

This is evidence of on-campus employment for _____.
(Name of F-1 student)

Nature of employment: _____

Start Date: _____

Number of Hours/Week: _____
Maximum while school is in session: 20 hours/per week
Maximum during official break: 37.5 hours/week

Employer Contact Information:

(On-campus office where the student will work)

317-_____
(Employer Telephone Number)

35-0868175
(Employer Identification Number)

By completing and signing this employment verification document, I understand that:

- 1.) This student may work up to, but no more than, 20 hours/week while school is in session and 37.5 hours/week during official school breaks.
- 2.) This student may only work on campus.

(Name and Title of Student's Immediate Supervisor)

(Immediate Supervisor Signature, no stamps)

(This section is reserved for the Director of International Student Success & Global Engagement's use only.)

Typed or printed name of Designated School Official (DSO)

Signature

Date

Phone Number