

SAMPLE SOCIAL SECURITY NUMBER EMPLOYER LETTER
LETTER NEEDS TO BE ON ORIGINAL DEPARTMENT LETTERHEAD

Date:

RE: LAST NAME, First Name (Student ID)

To Whom It May Concern:

This letter is evidence of on-campus employment for _____ (Name).

The above student will be working at Georgia State University as a _____
(e.g. lab assistant, library assistant, kitchen staff, bookstore staff, student assistant, etc).

Start Date: _____

End Date: _____

Number of Hours a week: _____

Georgia State EIN: **586002050**

Employer Contact Information:

Name of Department/Office: _____

Address of workplace: _____

Supervisor's Contact number _____ Email: _____

Employer's Original Signature

Employer's Name and Title (Printed)