

Date _____

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

Nature of student's job responsibilities: _____
(cashier, receptionist, office assistant, etc.)

Start Date: _____ Number of Hours/Week: _____

Employer Contact Information:

386005986
(Employer Identification Number)

734-
(Employer Telephone 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 40 hours/week during school break. To determine whether a week is in session or on school break, please contact Career Services at (734) 487-0400.**
- 2.) **This student may only work on campus.**

(Name and Title of Student's Immediate Supervisor)

(Immediate Supervisor Signature, no stamps)

(Please do not write below this line. This section is for Office of International Students' use only.)

Designated School Official— Office of International Students Representative

Typed or printed name

Date

Phone Number