

## Graduate Assistant Employment & Social Security Number Application

### Step 1: Find Employment & Obtain Employment Letter (Form 10-1304)

- ☐ **Find Employment**
- ☐ Have employer (hiring department) print and complete **Employment Letter (Form 10-1304)** on their letterhead stationary (signed in blue ink). Real signature required.
- ☐ **New students MUST complete SEVIS check-in.** Email [oiss@emich.edu](mailto:oiss@emich.edu) for further instructions. Once SEVIS check-in is completed and documents received, the OISS will notify Human Resources.

### Step 2: Employment Eligibility Verification Form I-9

- ☐ Schedule appointment with Human Resources by emailing [hr\\_employment@emich.edu](mailto:hr_employment@emich.edu).
- ☐ Bring original, most recent **I-20/DS-2019, passport** and **I-94** card/printout.
- ☐ Fill Section 1 of the Form I-9, sign and date where indicated.

### Step 3: Gather Documents for Social Security Number application

- ☐ Schedule appointment with OISS by emailing [oiss@emich.edu](mailto:oiss@emich.edu).
- ☐ Bring original, most recent **I-20/DS-2019, Passport, Visa** and **I-94** card/printout.
- ☐ Bring original **Employment offer letter** (on letterhead, employer signature in blue).
- ☐ Bring GA Offer letter, if applicable. OISS will issue a new I-20 for graduate assistants.
- ☐ OISS will complete the bottom portion of the Employment Letter.

### Step 4: Apply for your SSN - You must wait at least 10 days after initial entry into U.S., complete the OISS SEVIS check-in and have an active SEVIS record at least 7-10 business days!

- ☐ **Call the Social Security Administration (SSA)** of Ann Arbor to provide your name and phone number.
  - **(877) 402-0825**
  - To continue with call, press "2", To speak with the next available agent, press "0."
  - Once connected with an available agent, let them know that you are an F-1 international student at Eastern Michigan University with on-campus employment and need to apply for an SSN.
  - They will take your name and phone number and call you back at a later time to schedule an appointment to collect your documents.

#### Social Security Administration appointment:

- ☐ Completed **SSN Application**. For the fillable PDF of the application, visit <https://www.ssa.gov/forms/ss-5.pdf>.
- ☐ **Employment Letter (10-1304)**
- ☐ Passport with I-94 card/printout (**original AND photocopy**)
- ☐ **Latest I-20/DS-2019 (original AND photocopy)**

Take these original documents to the Social Security Administration for your appointment.

***\*Be advised due to remote operations, the process may be very delayed.***

### Step 5: Upon receipt of your original Social Security Card

- ☐ **Sign it (in blue ink).**
- ☐ Contact Human Resources to update record with number.
- ☐ Remember to store your card in a safe place!

### Step 6: Complete Payroll Office procedures

For details on tax exemptions, visit [www.emich.edu/oiss/forms](http://www.emich.edu/oiss/forms) and review the FICA Exemption Summary.

- ☐ The Payroll Department uses GLACIER Online Tax Compliance System to determine if international employees are exempt from taxes. To request access to GLACIER, please send an email to [tax.questions@emich.edu](mailto:tax.questions@emich.edu). In the email include your name and E ID number. Please allow at least 48 hours for a response.

Date \_\_\_\_\_

This is evidence of on-campus employment for \_\_\_\_\_.  
(Name of F-1/J-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 29 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)

**\* J-1 students must have on-campus work authorization in their SEVIS record.**

\*\*\*\*\*

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

**Designated School Official— Office of International Students Representative**

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

☐ Add work  
authorization  
in SEVIS- for J  
students only

Date: \_\_\_\_\_

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Sample

Form Approved  
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name		Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name		Last
	OTHER NAMES USED					
2	Social Security number previously assigned to the person listed in item 1			[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]		
3	PLACE OF BIRTH		City		State or Foreign Country	Office Use Only
	Melaka		Malaysia			
4	DATE OF BIRTH		MM/DD/YYYY			
	09/23/1988					
5	CITIZENSHIP (Check One)					
	<input type="checkbox"/> U.S. Citizen		<input checked="" type="checkbox"/> Legal Alien Allowed To Work			
	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)		<input type="checkbox"/> Other (See Instructions On Page 3)			
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)		7 RACE Select One or More (Your Response is Voluntary)			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander			
			<input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White			
			<input checked="" type="checkbox"/> Asian			
8	SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name		Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]			<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name		Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]			<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?					
	<input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name		Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY			
14	TODAY'S DATE		15 DAYTIME PHONE NUMBER		Area Code	
	09/04/2012		734		485-5987	
16	MAILING ADDRESS (Do Not Abbreviate)		City		State/Foreign Country	ZIP Code
	43213 Apple Drive		Canton		Michigan	48197
17	YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:			
			<input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		CAN
PBC		EVI		EVA		EVC
EVIDENCE SUBMITTED		PRA		NWR		DNR
				UNIT		
		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
		DATE				
		DCL				
		DATE				

# Maps to Social Security Administration (SSA)

**3971 Research Park Dr, Ann Arbor, MI 48108**

Be sure to schedule appointment before going!

Office is by appointment only! [www.ssa.gov](http://www.ssa.gov)

