

Memo

To: Social Security Administration

From: Karen Tempchin
International Student Advisor
Pacific Union College

Date:

This is evidence of on-campus employment for: _____
(Name – F-1 Student)

Nature of student's job: (e.g., cafeteria worker, office worker, custodial, etc.):

Start Date: _____ **Number of Hours/Week:** _____

Department/Employer contact information:

Pacific Union College Employer Identification Number (EIN): 94-1279798

Dept. employer telephone number: _____

Student's Immediate Supervisor: _____

Employer Signature (Original): _____

Signatory's Title: _____

Date: _____

International Office DSO certification:

Date: _____

DSO Name: _____

DSO Signature: _____ **DSO Telephone #: (707) 965-7362**