



Social Security On-Campus Work Authorization for F-1/J-1 Students

To SSA Official:

The following F-1/J-1 student has been offered on-campus employment (see details below) and is authorized for this employment under the regulations governing F-1 status found at 8 CFR 214.2(f)(9)(i)

Non-immigrant’s Information – Completed by Student (Please print clearly)

Student’s Name (Last, First): _____

Date of Birth (Month/Day/Year): _____

Identification of Employer – Completed by Hiring Department/Supervisor

Name of On-Campus Hiring Department: _____

Location of On-Campus Hiring Department (Address): _____

Employment Identification Number (EIN): University: 13-1740451 Other Company: _____

Employer Telephone Number: _____

Student’s Position Title: _____

Dates of Employment: Begin: _____ End: _____

Position Description: _____

Salary*: _____ Hours Per Week: _____

*A salary is defined as receiving a paycheck through our University Payroll department. Please do not fill out this form for “services” for tuition remission arrangements.

Sincerely,

 Hiring Department/Supervisor (Signature) Date

 Hiring Department/Supervisor (Printed Name)

 Title of Supervisor