

Date: _____

To Whom It May Concern:

This is to certify that _____ has been offered
(Name of Student)

General on-campus employment as _____
(Job title)

Job Description: _____
(Briefly describe job)

Start Date: _____ Number of Hours/week: _____

Employer Contact Information: _____
43-0654872
Employer Identification Number

Employer Telephone Number

Student's Immediate Supervisor

Supervisor's Signature: _____

Signatory's Title: _____

Date: _____