***On WSU Department Letterhead***

*Date*

Social Security Administration

1617 19th Avenue

Lewiston, ID 83501

To Whom It May Concern:

This is to certify that the F-1 student listed below is currently employed or will be employed at Washington State University according to the information given here:

Students Name: XXXXXXXXXXXXXXXXX

Job title/description *e.g. food handler, lab assistant, research assistant*

Immediate Supervisor: XXXXXXXXXXXXXXXXX

Telephone Number: 509-335-XXXX

Employer ID number: 91-6001108

Hours per week of work: *must be 20 hours or less*

(Anticipated or actual)

Starting Date MM/DD/YYYY

Sincerely,

*Original Signature*

*Name of Department Official*

*Title*