WORLD: International Learning 386.822.8165 (Office) – 386.822.8167 (Fax) – 635 Bert Fish Drive – www.stetson.edu/other/world



Employer Verification of F-1 Student Employment

In order to apply for a Social Security Number, an F1 student must provide proof of employment to the Social Security Administration.

F-1 students need to show authorization to work if granted Curricular Practical Training, Economic Hardship, or Optional Practical Training work permission.

If the student is working on campus, the student will need to show proof of employment. Social Security numbers will not be granted if there is no off campus work permission or verified job on campus.

The procedure for on campus employment verification is outlined below.

- 1. Obtain an offer of employment on the SU campus.
- The SU employer must complete the employer verification letter found on our website at <u>www.stetson.edu/other/world</u> (or below). This letter must be printed on the employer's letterhead. The employer must sign the letter. Signature stamps cannot be accepted.
- 3. The student must bring the employer's letter to the WORLD office (635 Bert Fish Drive) to apply for a letter from the Designated School Official (International Advisor) to verify the employer's letter and the valid visa status. Please do not bring the letter to WORLD before you have been in the U.S. for at least 10 days. There may be other time restrictions at the beginning of any semester due to large numbers of students and the SEVIS actions we must perform for each student.
- 4. Take the originals of both letters to Social Security along with your passport, I-94 card, and I-20.

Call or visit World for any related questions or concerns.

(SU Employer: Remember to print the letter below on <u>your</u> department's letterhead!)

Employer Verification of On-Campus Employment

To whom it may concern:	
This is evidence of on-campus emp	ployment for:
(Name – F-1 Student)	
Nature of student's job (e.g., wait	staff, library aide, research assistant, etc.):
Start Date: Num	ber of Hours/Week:
Employer contact information:	(Employer Identification Number (EIN))
	(Employer Telephone Number)
	(Student's Immediate Supervisor)
Employer Signature (Original):	
Signatory's Title:	
Date:	