ON-CAMPUS EMPLOYMENT VERIFICATION LETTER
FOR SOCIAL SECURITY CARD APPLICATION PURPOSES
UCSD International Center
(NOTE: Please issue letter on original UCSD department letterhead.)

SAMPLE LETTER

______________________

(Date)

To Whom It May Concern:

This is to verify that _________________________ is/will be employed at

(Student Name)

the University of California, San Diego as a/an ___________________________

(Title/Position or Nature of Employment)

in the Department of __________________________ for ______ per week.

(Department Name)   (Number of Hours)

Employment began/Employment is expected to begin on ___________________.

(Month/Day/Year)

Employer Contact Information:

________________________
(Employer Identification Number (EIN))

(95-6006144)_______________________

________________________
(Employer Telephone Number)

________________________
(Student’s Immediate Supervisor)

Sincerely,

________________________
Employer Signature (Original)
Signatory’s Name and Title

(IC200801)