



# CENTRAL CONNECTICUT STATE UNIVERSITY

1615 Stanley Street, New Britain, CT 06050

## Employment Verification Form

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To: U.S. Social Security Administration  
From: On-Campus Employer  
Re: Employment of CCSU Student  
Date: \_\_\_\_\_

**Name and Contact Information of Employing Department, Office or Company:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Title of Supervisor:** \_\_\_\_\_

**Employer's Identification Number (EID):** \_\_\_\_\_

**Nature of Employment:** \_\_\_\_\_

\_\_\_\_\_

**Name of Student Hired:** \_\_\_\_\_

**Expected Start Date of Employment:** \_\_\_\_\_

**Expected Number of Hours per Week:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**The above-mentioned student is in valid F-1 or J-1 status maintaining a full course of study and it eligible for on-campus employment per immigration regulations.**

**Designated School Official's Authorization Signature:** \_\_\_\_\_