F-1 On-Campus Employment Verification Form

To Be Completed By the Immediate Supervisor at Place of Employment

This form must be printed on hiring department's letterhead, and include an original signature in blue ink.
** SSA will not accept this form if anything is crossed out or white-out is used.

Student name as it appears on passport: _____

 Last   First

Date of Birth: (mm/dd/yy): _____/_____/_____   Columbia UNI: _____

SEVIS ID number (on I-20 beginning with N): _____

Employing department or office: _____

EIN: ___13-5598093___   Telephone number: _____

Start date: (mm/dd/yy) _____/_____/_____   Hours/week: _____

Job description: _____

Supervisor's name: _____Title: _____

Supervisor Signature: _____ Date (mm/dd/yy): _____/_____/_____

Per 8CFR 214.2(f)(9)(i), students in F-1 status are permitted on-campus employment up to 20 hours per week while classes are in session. Full-time employment is permitted during vacation periods, provided the student intends to register for the subsequent term.