



CENTRAL CONNECTICUT STATE UNIVERSITY
1615 Stanley Street, New Britain, CT 06050

Employment Verification Form

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: _____