

HUMAN RESOURCES
264 CENTENNIAL DRIVE – STOP 7127
GRAND FORKS, NORTH DAKOTA 58202-7127

(701) 777-4226
FAX (701) 777-4721

EMPLOYMENT LETTER FOR SOCIAL SECURITY OFFICE

To Whom It May Concern:

This is evidence of on-campus employment for: _____
(Name of employee)

Nature of employee's job: _____

Start Date: _____ Number of hours per week: _____

In Accordance with Homeland Security Regulations an employee is allowed to start working once they have proven their employment eligibility by completing their I-9 form.

Completed I-9 on: _____

Employer contact information: _____

Employer Identification Number (EIN): 45-6002491

Employer Telephone number: _____

Employee's Immediate Supervisor: _____

Employer Signature (Original): _____ Date: _____

Signatory's Title: _____