

ON-CAMPUS EMPLOYMENT
VERIFICATION LETTER

To Whom It May Concern:

This is evidence of on-campus employment for:

Name of Student

Nature of student's job (e.g., *wait staff, library aide, research assistant, etc*):

Start Date: _____

Number of Hours/Week: _____

Employer contact information:

Employer Identification Number (EIN)
University of Arkansas: 71-6003252

Employer Telephone Number

Student's Immediate Supervisor

Employer Signature (Original): _____

Signatory's Title: _____

Date: _____