

**On-Campus Employment Verification Form****Personal Information: To be Completed by Student**

Family Name:	Given Name:
Stevens ID:	SEVIS ID:
Date of Birth:	Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1

Employment Information: To be Completed by Hiring Department or Supervisor

On Campus Employment Location:	
Employment Identification Number (EIN): 22-1487354	Employer Telephone Number:
Position Title:	Work Hours Per Week (cannot exceed 20 hours during semester):
Anticipated Start Date (must be in the future):	Anticipated End Date (must not exceed program end date):

Names and Original Signatures: To be Completed by Hiring Department

Hiring Department/Supervisor Name:	
Signature:	Date: