To Whom It May Concern: This is evidence of on-campus employment for	
(Nature of student's job)	
Start date	Number of hours/week
Employer Contact information	
Employer Identification Number (E	IN): 35-6001673 (Indiana University)
Employer telephone number:	
Student's immediate supervisor:	
Employer's Signature (original):	
Signatory's title:	
Date:	