To Whom It May Concern:	
This is evidence of on-campus employment for	
(Name - Student)	
(Student's job title)	
Start date	Number of hours/week
Employer Contact information: Employer Identification Number (EIN): 35-6001673 (Indiana University)
Employer telephone number:	
Student's immediate supervisor:	
Employer's Signature (pen-to-pap	per):
Signatory's title:	
Date:	