

Employment Verification Form

Date:		_
To Whom It Ma	y Concern:	
Name of F	-1 Student	has secured on-campus employment in the
Nume of 1		D
Name of De	partment/Office	Department/Office at Rice University.
Employment De	etails:	
Position:	Research	Assistant Teaching Assistant
C	Other:	
Employment Sta	art Date:/_	/ Employment End Date://
Number of Hour	rs/Week:	
Salary: \$	/(Fe	for example: \$10/hour, \$1000/month, etc.)
Employer information:		74-1109620
		Employer Identification Number (EIN)
		713-348
		Employer Telephone Number
		Student's Immediate Supervisor (print)
		Signature of Supervisor (original)
		Title of Supervisor
		Date