



New Paltz

STATE UNIVERSITY OF NEW YORK

Center for International Programs
International Student Programs

ON-CAMPUS EMPLOYER LETTER

All fields must be completed
Version 2022

To Whom It May Concern:

This is evidence of on-campus employment for: _____

Employer (e.g. Sodexo, Bookstore, SUNY New Paltz for all other on-campus jobs):

Type of work (Nature of student's job e.g., wait staff, library aide, research assistant,
etc.) _____

Start date: _____ Number of hours/week _____
MM/DD/YYYY Ex. 20 hours/week

Supervisor's contact information: _____
Supervisor's name

Supervisor's telephone number

Employer Identification Number: *(Please choose one ▼)*

- SODEXO** (Food Service Positions): 23-190-7755
- SUNY NEW PALTZ** (all other on-campus student assistant positions): 14-601-3200
- BOOKSTORE at SUNY New Paltz**: 14-138-0310

Supervisor's Signature (Original): _____

Supervisor's Title: _____

Date: _____