ON-CAMPUS EMPLOYER LETTER

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: ________________________________