



Haverford College

To: Social Security Administration

Re: On-Campus Work Authorization and Employment Verification

The following student is in lawful F-1 non-immigrant status at Haverford College. They are authorized to work on Haverford College's campus for up to 20 hours per week when school is in session and full-time during the annual vacation breaks [U.S. Department of Homeland Security 8 C.F.R. 214.2(f)(9)(1) and Department of State Regulations 62.23]

Part A: Non-immigrants Information (To be completed by student)

First/Given Name: _____ Middle Name: _____

Last/Family: _____ Date of Birth (MM/DD/YEAR): _____

Part B: Identification of Employer (Please do not edit any information on this document. Crossing out or whiting out any information may cause the form to be rejected by the Social Security Administration Office. This form is to be used for F-1 Students only.)

Haverford College On-Campus Employer _____

Employment Identification Number (EIN): 23-6002304 Employer Telephone Number _____

Anticipated Dates of Employment (please use MM/DD/YEAR format)

Start Date: _____ End Date: _____

Number of Hours Per Week (Estimated) _____

Nature of Employment (e.g., serving food in the dining hall, cashier, stocking shelves in the library/bookstore, tutoring, lab work in the biology dept., etc.)

Supervisor (Print Name) _____

Supervisor's Title _____

Supervisor (Signature) _____

Date (MM/DD/YEAR) _____

Part C: Identification of Designated School Official

DSO for F-1 Program PHI 214F00246000 (To be completed by ISSO staff only)

Name of DSO: _____

Signature: _____

Date (MM/DD/YEAR) _____