

Certification of F-1 and J-1 Student On-Campus Employment for Social Security Number Application

Instructions: You may type information into this form but it must be printed on department letterhead and original signatures must be obtained. The Syracuse University hiring department must complete Section A, print on letterhead and include an original signature. After Section A is complete, the student should take the form along with her/his I-20/DS-2019, passport, visa, and I-94 card to Syracuse University's Human Resource Office in order to complete the I-9 Employment Eligibility Process. Once endorsed, the student must bring the Certification Form to the SUNY ESF Office of International Education to obtain the final endorsement in Section C. This form, and original I-20/DS-2019, passport, visa, and I-94 card are required to apply for a Social Security Number. Please note that international students in F-1 or J-1 status may work no more than 20 hours per week while classes are in session during the fall and spring semesters, but are permitted to work unlimited hours during annual school breaks (i.e., summer, winter and spring breaks).

A. Syracuse University Hiring Department Information

First name of the student (as it appears on Form I-20 or DS-2019)		Last name of the student (as it appears on Form I-20 or DS-2019)		Student's SU ID #:
Name of the on-campus employer/department (e.g., Library, Catering, Schine Dining, etc):			Employer Identification Number (EIN): 15-0532081	
Employer / Department address (include city, state, and zip code):				
Nature of student's employment (research assistant, library aide, dining staff):				
Employment start date: (MM/DD/YYYY)			Number of hours per week:	
Name of student's immediate supervisor:			Title of student's immediate supervisor:	
Supervisor's telephone number:				

Signature of Student's Immediate Supervisor _____
Date Signed

B. Syracuse University Human Resources Representative I-9 Verification

Print Name	_____ Signature	_____ Date Signed
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C. Certification of Designated School Official at the Office of International Education

This section will be endorsed only after section A is completed and signed

This is to certify that the student named above is an F-1_____ or J-1_____ student attending SUNY ESF. The student is working or has been offered on-campus employment as described above. The student may apply for a Social Security Number on or after _____.

Name of Designated School Official/Responsible-Alternate Responsible Officer: _____

 Signature of the Coordinator of International Education _____
 Date
 Designated School Official/Responsible-Alternate Responsible Officer