(Prepared on official Pomona College stationery)

Date

Social Security Administration

Re: (Student’s name)

This is to certify that we extend to the above named student, a formal offer of employment as a (job title) in the (department or other entity) at Pomona College.

Employment will begin (date) and is for (# of hours per week, or up to X #of hours per week.

This student’s supervisor is (name and complete phone number).

Job duties include (list of duties)

Pomona College Employer Identification Number – 95-1664112

Sincerely.

(Name, title,