

October 21, 2009

To Whom It May Concern:

This is evidence of on-campus employment for (insert student's name). (Ms/Mr. Student's name) will be working in the (insert what your department is) Department.

Start Date: 10/21/2009 Number of Hours/Week: less than 20 hours

Employer contact information:     Huntington University

(your phone number on campus)

(your name)

Employer Signature \_\_\_\_\_

Supervisor's Title \_\_\_\_\_