



ST. FRANCIS COLLEGE

[Date]

To Social Security Administration (SSA):

This letter is to certify that **[student name]** will be working **[number of hours per week]** in the **[department]**. **[Student name]** will be working in the position of **[position name]** and their job duties will be to **[brief description of job duties]**. Their anticipated start date will be **[start date]**.

For additional information, please contact **[name of supervisor]** at **[email]** or **[phone number]**.

Sincerely,

[Signature]

[Name of person signing form]

[Title]