Obtaining Permission for On-Campus Employment: Instructions to Departments

Please read the following Employment Regulations before employing international students:

- A student with an F-1 visa may work no more than a total of 20 hours per week (including Graduate Assistantships) during Fall and/or Spring semester.

- Full time work is allowed during Summer semester as long as the student is enrolled or plans to enroll for the following Fall semester.

- Full time work is also allowed during official school breaks.

Please read the following instructions PRIOR TO issuing an on-campus verification memorandum to the F-1 student:

The Social Security Administration requires the Center for Global Engagement (CGE) to verify specific information pertaining to the student’s on-campus employment before a student is eligible to apply for a social security number.

An F-1 international student who has an on-campus job and needs to apply for a social security number must provide CGE with a departmental employment verification memo BEFORE they can apply for the social security number.

On the reverse side you will find a sample memorandum for departmental use:

1. You can fill in the appropriate information in the blanks.

2. This memo must be typed on official school or department letterhead.

3. This memo must contain the employer’s original signature.

4. This memo MUST be submitted to:

   Center for Global Engagement
   1620 Melrose Avenue
   UTK Campus 37996-3531.

(865) 974-3177 – international@utk.edu – http://international.utk.edu
1620 Melrose Avenue, Knoxville, TN 37996-3531
Employment Verification Memorandum

To Whom It May Concern:

This memo serves as evidence of on-campus employment for ________________________________
who is an F-1 student at The University of Tennessee.

The student’s Job Description is ________________________________________________________

His/Her anticipated or actual start date of employment is ___________ and the number of hours per week is ____________.

Employer contact information:
______________________________________________________________________________

Name of student’s immediate supervisor ________________________________

Employer’s Name [Dean/Department Head/Director] ________________________________

Employer’s Signature ____________________________________________

Signatory’s Job Title ____________________________________________

Employer’s Telephone Number ________________________________

Employer’s Email ____________________________________________

Date