Procedures for Requesting a Social Security Number for On-Campus Employment

F-1 students can only request a Social Security Number (SSN) if:

1. The student has an Employment Authorization Document (EAD) from US Citizenship & Immigration Services authorizing employment or
2. The student has authorization on page 3 of the I-20 for Curricular Practical Training or
3. The student has received an offer for on-campus employment.

This handout explains the steps for requesting a Social Security Number based on receiving an offer for on-campus employment at CSU East Bay.

1. Once you decide you’d like to work on-campus request a letter from the Center for International Education that confirms that you are eligible to work on-campus (if required by the department that plans to hire you).
2. Take the “On campus employment acceptance” letter CIE gives you to the department that plans to hire you.
3. Your employer (department) will then need to issue you an “Intent to Hire” letter.
4. Return to the Center for International Education with your “Intent to Hire” letter and request a letter for the Social Security Administration.
5. Visit the Hayward office of the Social Security Administration to apply for your Social Security Number. You will need to take with you:
   - Passport
   - I-94
   - I-20
   - Intent to hire letter from your on-campus employer
   - Letter from the Center for International Education.

6. Once you have received a receipt from the Social Security Administration, you can return to your hiring department to begin the payroll check-in procedure.

The Social Security Administration (Hayward Office) is located next to the Southland Mall:

24301 Southland Drive, Suite 500
Hayward CA 94545
(510) 783-3859.
SAMPLE OF HIRING LETTER FROM THE EMPLOYER

To Whom It May Concern:

This is an evidence of on-campus employment for STUDENT’S NAME.

Nature of student’s job:

Start Date:

Number of Hours/Week:

EMPLOYER CONTACT INFORMATION

Employer Identification Number (EIN)

Employer’s Telephone Number

Student’s Immediate Supervisor:

Employer’s Signature:

Signatory’s Title:

Date: