DEPARTMENT

Washington College

300 Washington Ave.

Chestertown, MD 21620

Date

Dear STUDENT NAME,

This letter confirms your offer of on-campus employment with DEPARTMENT. Your employment offer is for the SEMESTER/YEAR. You are expected to work an average of # hours per week. The details of your position are stated below.

Position Title:

Position Description

Employer Identification Number (EIN):

Supervisor Name:

Supervisor Contact Information (phone/email):

We are excited to begin working with you very soon!

Sincerely,

Signature

Your Name

Your Title