

UNIVERSITY OF MINNESOTA

Payroll Verification for On-Campus Employment

For students with I-20s or DS-2019s issued by the University of Minnesota

The information provided below should be based on the student's employment or fellowship from today through the next 12 months. ISSS needs this information to create a new I-20 or DS-2019, so the student is in compliance with USCIS regulations. Complete the sections below that are applicable to the student's funding situation. If the student's information cannot be accurately indicated below, please provide the necessary information in a letter using the template on page 2 to more fully explain the student's funding.

Student Information

Name: _____ U of MN ID#: _____

Department Name: _____

Assistantship #1

1. Begin Date: _____ End Date: _____ 3. Percentage Time: _____

2. Estimated salary during next 12 months: \$ _____ 4. Position Title: _____

Assistantship # 2 (if student has a 2nd assistantship in the same department)

1. Begin Date: _____ End Date: _____ 3. Percentage Time: _____

2. Estimated salary during next 12 months: \$ _____ 4. Position Title: _____

Student Employment (non-assistantship)

1. Begin Date: _____ End Date: _____ 3. Hours per Week: _____

2. Estimated salary during next 12 months: \$ _____ 4. Position Title: _____

Fellowship

1. Begin Date: _____ End Date: _____

2. Total award amount during next 12 months: \$ _____

Signature from Departmental Payroll Office

Completed by (please print) _____ Phone _____

Signature _____ Date _____

International Student Payroll/Fellowship Verification Letter

Departmental Payroll Administrator:

- A Payroll/Fellowship Verification Letter is required for a Department of Homeland Security document the student is requesting from International Student & Scholar Services (ISSS).
- Letter must reflect:
 - Actual salary or fellowship
 - Dates of appointment
 - Summer appointment, if applicable
 - Whether it is likely/unlikely appointment will be continued next academic or fiscal year
- The actual salary or fellowship should not include the monetary value of other benefits the student may receive, such as insurance and tuition benefits.
- The letter will be viewed by U.S. government officials. Consequently, it should be on letterhead and contain an original signature (not a rubber stamped signature).
- Contact Debra Siegel (siege002@umn.edu--6-8643) if you have questions.

LETTER FORMAT

To Whom It May Concern:

This is to verify that (student's name) is employed as (position title) for the period of (begin date/end date). The hourly salary for this appointment is \$(Amount) and (Mr./Ms.) works an average of (number of hours per week). Note: do not include the value of other benefits associated with assistantships, such as insurance or tuition.

This appointment (is likely to be/will not be) continued in the next (academic or fiscal) year.

Sincerely,

LETTER FORMAT FOR FELLOWSHIPS

To Whom It May Concern:

This is to verify that (student's name) has been awarded a fellowship. The fellowship provides \$(amount) from the period of (dates). This fellowship (is likely to be/will not be) continued in the next (academic or fiscal) year.

Sincerely,