



ORANGE COAST COLLEGE

7 R G D \ V G D W H

To Whom It May Concern:

This letter serves as confirmation of on-campus employment for _____,

OCC ID (ex: C0234567)

Anticipated Start Date: _____ Number of Hours/Week: _____

Department Name: _____

D & Title: _____ B B

D Telephone Number: _____

Employer Identification Number: (EIN): _____
**QEE"GP<";7/8224494+*

Manager Signature (Original): _____