



Stony Brook University

Division of Campus Residences
Department of Safety and Support Services
Campus Residences Central Office
Mendelsohn Community
Stony Brook, NY 11794-4444

EMPLOYER AFFIDAVIT

STATE OF NY
COUNTY OF SUFFOLK

_____, being duly sworn and says that I am
Employer/Supervisor's Name

Employed by: _____

Address: _____

City, State & Zip _____

Phone Number (for Verification): () _____

My position/title is _____

I currently employ _____

They are paid by Check _____ Cash _____ Unpaid _____

Working Hours:

Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

Employer's Signature _____ Date _____

Sworn to before me this day of _____, 20____

Notarization: