

**SOCIAL SECURITY MISMATCH POLICY
MODEL LETTER #3**

Date

Name
Street Address
City, Zip

FINAL REQUEST

RE: (SSN)

Dear _____:

You have been notified in two previous letters that the name and/or Social Security number that you provided to the University does not match the information in the records of the Social Security Administration. The University has again has been notified that the matter remains uncorrected. It is extremely important that this mismatch be resolved. You are required by law to provide your employer or the Social Security Administration with an accurate name and Social Security number for reporting purposes.

The purpose of this letter is to inform you that your employment at the University will be terminated thirty (30) days from the date of this letter unless you can provide documentation demonstrating the mismatch has been corrected. You are strongly urged to resolve this matter immediately. **Do not ignore this final request.**

You may wish to contact your labor organization, if represented by a union, or a community advocacy organization if available, to provide assistance to you in resolving this problem. This office, or the University, may not advise you in any legal or immigration matters should they exist. It is your responsibility to resolve this issue.

If you have any questions about this letter, or would like to schedule a meeting to discuss the letter, please contact the Human Resource Department at XXX-XXXX.

Sincerely,

Human Resource Director