EMPLOYMENT VERIFICATION LETTER

Employer's Name:		
Address:		
Address: Sta	te:	
Zip:		
Date:	, 20	
RE: Employment Verifica	tion for	[Employee's Name]
To whom it may concern:		
Please accept this letter as Employee] has been emplo since	oyed with	[Name of [Employer Name] e].
Currently,	[Name of Emplo	yee] holds the Title
of	_ and works on a □ Full-T	Time □ Part-Time basis of
hours per week while		
		nthly □ Quarterly □ Annual
basis with □ No Bonus □ a	-	· ·
If you have any questions of contact me at		on, please don't hesitate to ne Number].
Sincerely yours,		
Signature	Print Name: ₋	
Employer Title:		

