

**Employment Verification Form**

Name of the Employer

Address

Phone Number

To Whom It May Concern:

This is to certify that

\_(Name of employee) is working

as

(Position) since

(Date of

employment). He/She is holding a permanent/temporary position and his/her \*annual salary is

which is

(US dollar equivalent).

Name of the institution official

Title

Signature of the institution official

Date

*Place office seal in the area provided below.*

Office Seal

Date

**\*A minimum of US $30,000.00 per year is required**