## **EMPLOYMENT VERIFICATION LETTER**

Employer's Name:		
Address:		
City:	State:	
Zip:	<del>-</del>	
Date:	, 20	
RE: Employment Ve	rification for	[Employee's
Name] To whom it ma	ay concern:	
Please accept this le	etter as confirmation that	[Name
	been employed with	
Name] since	[Employee Start Da	ate].
Currently, hours per week	[Name of Employee] h and works on a □ Full-Time □ P while earning \$	olds the Title of art-Time basis of _ that is payable on
a(n) □ Hourly □ Daily	y 🗆 Weekly 🗀 Bi-weekly 🗆 Monthly 🛭	□ Quarterly □
Annual basis with □ I	No Bonus □ a Bonus of \$	·
	tions or require further information, plo [Employer Phone	
Sincerely yours,		
Signature	Print Name:	
	Employer Title:	

