EMPLOYMENT VERIFICATION LETTER

Employer Name	:		
Address:	State:		
City:	State:		
Zip:			
RE: Verification	of Employment for	[Name of Employee]	
To whom it may	concern:		
Please accept t	his letter as confirmation that	[Name of	
	been employed with		
since	[Employee Start Da	ite].	
Currently,	[Name of Emp	[Name of Employee] holds the Title and works on a □ Full-Time □ Part-Time basis of	
of	and works on a Full	-Time Part-Time basis of	
hours per	week while earning \$	payable Hourly	
	□ Bi-weekly □ Monthly □ Quarter		
	nus of \$	"는 150% : 1848 (1709) (1848) (1707) 이 150 (1709) (1709) (1709)	
	questions or require further informa [Employer Ph		
Sincerely yours			
Signature	Print Name		
Employer Title:			

