

Sample Employer Letter

Company Letterhead

Must include the following information:

Name of Employer/Company
Name (of person writing letter)
Address
City, State, Zip
Telephone number

Today's date

Medi-Cal Access Program
P.O. Box 15559
Sacramento, CA 95852-0559

Dear Medi-Cal Access Program:

I certify that (Name of person receiving income or employee) is an employee of (name of company). (Employee's name) gross income for this pay period is \$_____ and frequency of pay is (once a week, twice monthly, every two weeks, once a month). This letter does not guarantee employment or wages.

The information provided above is true and correct to the best of my knowledge.

Sincerely,

Signature of the person writing this letter
Name
Job Title or Position