Authority Name  
Authority Designation  
Sender Company Name  
Sender Company Address

Date: [MM/DD/YYYY]

Name of the Recipient

Designation of the Recipient

Name of Recipient’s Organization

Address of Recipient’s Organization

**Request: Employment Verification for [Name of Employee]**

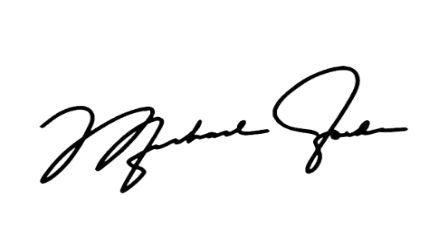
Dear Mr. /Ms. /Mrs. /Dr. [Full name of Addressee]:/To Whom It May Concern:

[Introduction] This letter is to inform you that [name of the employee] is working in our company [name of the employing company] as a [designation of the employee].

[Employee history] He has been working here for the past [time period] months. His gross monthly remuneration is $ [amount].

[Closing] If you need any more details, please feel free to contact us.

[Formal Closure] Sincerely,



[Signature of the authorizing person]

[Name of the authorizing person]

[Designation of the authorizing person]

[Contact number of the authorizing person]

<https://www.freetemplatedownloads.net/>