EMPLOYMENT VERIFICATION LETTER

		
Date:		
RE: Employment Verification		
To whom it may concern:		
To whom it may concern:		
Please accept this letter as confirmation that		_ □ is □ was
employed at (if applicable).	starting on	and
ending on (if applicable).		
Title:		
Type : □ Full-time □ Part-time basis of hour	s per week.	
Income: \$ □ per hour □ annually	V	
	, .	
Description of Duties:		
Signature:		
Print Name:		
Title:		

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