

(Organization Letterhead Must be Identified on Document)

Date

TO WHOM IT MAY CONCERN:

Please accept this letter as a verification of employment for (Full Name). (Name) is an employee with (Name of Organization) from (start date) to (end date/present) in our (name of dept.) department and his/her job title is/was (job title). The employment status is (part-time/full-time), working (#) hours per week.

The duties include:

(List duties and explain interaction with patients seeking medical care. If any second language has been used by the applicant for this volunteer experience, please specify)

Sincerely,

(Signature)

Name

Title

Department

Contact Information