

Employment Verification Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to verify the employment of [Employee's Name] at [Healthcare Facility Name]. [Employee's Name] has been employed with us since [Start Date] and currently holds the position of [Job Title].

[Employee's Name] is responsible for [brief description of job responsibilities]. During their time with us, they have demonstrated professionalism and proficiency in their role.

If you require any further information or have any questions, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Healthcare Facility Address]

[City, State, Zip Code]