

Employment Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the employment of:

[Employee's Name]

Position: [Employee's Position]

Facility: [Healthcare Facility Name]

Employment Dates: [Start Date] to [End Date or "Present"]

[Employee's Name] has been employed with us as a [Job Title] and has demonstrated [provide a brief description of responsibilities or skills].

If you have any further questions regarding this employment verification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Facility Address]

[Phone Number]

[Email Address]