

Employment Verification Letter

Date: [Date]

To Whom It May Concern,

This letter is to verify the employment of:

[Employee Name]

Position: Medical Technician

Employee ID: [Employee ID]

[Employee Name] has been employed with us at [Healthcare Facility Name] since [Start Date], and currently works in the capacity of a Medical Technician. Their responsibilities include performing diagnostic tests, preparing and maintaining medical equipment, and assisting with patient care.

This employment verification is provided upon the request of the employee for whatever purpose it may serve.

If you require any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Facility Address]

[Phone Number]

[Email Address]