

Employment Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the employment of **[Employee's Name]**, who has been employed with **[Company Name]** as a Pharmacist since **[Start Date]**. During their tenure, **[Employee's Name]** has demonstrated professionalism, expertise, and dedication to patient care.

Employee Details:

- **Position:** Pharmacist
- **Department:** [Department Name]
- **Employment Status:** [Full-time/Part-time]
- **Annual Salary:** [Salary Amount]

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

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]