

Employment Verification Request

Date: [Insert Date]

[Recipient's Name]

[Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request verification of employment for [Employee's Full Name] who has applied for professional licensing. This information is necessary to complete their application process.

Details of employment are as follows:

- Employee's Position: [Employee's Position]
- Dates of Employment: [Start Date] to [End Date or "Present"]
- Employment Status: [Full-time/Part-time]

Please provide the requested information on your company letterhead and return it to me at your earliest convenience. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Company Address]

[City, State, Zip Code]