

Employment Eligibility Evaluation

Date: [Insert Date]

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter serves to confirm that [Employee's Name], holding the position of [Employee's Position], is employed at [Company Name] since [Employment Start Date]. This evaluation is prepared to assess the employment eligibility of [Employee's Name] based on the criterion set forth by [Relevant Authority/Organization].

Employee Details:

- Name: [Employee's Full Name]
- Position: [Employee's Job Title]
- Department: [Employee's Department]
- Employment Start Date: [Employee's Start Date]
- Employment Type: [Full-Time/Part-Time/Contract]

After thorough evaluation, we confirm that [Employee's Name] meets the eligibility criteria for employment as outlined by [Mention Specific Guidelines/Requirements].

Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] for any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Company Name]