[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

RE: Wage Loss Verification for [Employee Name]
Employee ID: [Employee ID Number]
Dates of Absence: [Start Date] to [End Date]

To Whom It May Concern,

Please accept this letter as formal verification of the wages lost by [Employee Name] due to their absence from work during the period mentioned above.

Employment Details:

- **Job Title:** [Job Title]
- **Employment Status:** [Full-time/Part-time]
- **Rate of Pay:** $[Amount] per [Hour/Year]
- **Average Hours per Week:** [Number of Hours]

Lost Wage Calculation:

- **Total Work Hours Missed:** [Number of Hours]
- **Gross Wages Lost:** $[Total Amount]
- **Overtime/Bonuses Lost (if applicable):** $[Amount]

The employee was unable to perform their duties during this time because of [Reason for Absence, e.g., Medical Recovery/Injury]. [Employee Name] has since [returned to work on Date / remains on leave].

If you require any further documentation or have questions regarding this verification, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Company Name]