

**Date:** [Insert Date]

**To:** [Contact Name/Claims Department]

**Company Name:** [Employer/Insurance Company Name]

**Address:** [Street Address]

**City, State, Zip:** [City, State, Zip Code]

**RE: Workers' Compensation Claim Status and Employment Verification**

**Employee Name:** [Employee Full Name]

**Claim Number:** [Insert Claim Number]

**Date of Injury:** [Insert Date of Injury]

**Social Security Number (Last 4 digits):** [XXX-XX-0000]

To Whom It May Concern,

I am writing to formally request the current status of the workers' compensation claim filed by the above-named individual. Specifically, please provide information regarding the approval status, any pending requirements, and the timeline for expected benefits.

Additionally, please provide a formal verification of employment for [Employee Name]. This should include the following details:

- Dates of employment (Start date and end date, if applicable)
- Current job title or position held
- Current employment status (Active, On Leave, Terminated)
- Year-to-date earnings and base salary/hourly rate
- Average weekly wage as calculated for compensation purposes

Please find the attached signed authorization form from the employee allowing the release of this information.

Kindly forward the requested documentation to [Your Name/Organization] via email at [Email Address] or by mail to the address listed below within [Number] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Phone Number]