

[Company Letterhead]

[Date]

To: Department of Labor

[Office Address]

[City, State, Zip Code]

Subject: Employment Verification for [Employee Name]

To Whom It May Concern,

Please accept this letter as formal verification of employment for [Employee Name].

Employment Details:

- **Employee Name:** [Full Name]
- **Social Security Number:** [XXX-XX-XXXX]
- **Current Employment Status:** [Active / Terminated / Leave of Absence]
- **Job Title:** [Job Title]
- **Dates of Employment:** [Start Date] to [End Date/Present]
- **Current Salary/Wage:** \$[Amount] per [Hour/Year]
- **Average Hours per Week:** [Number of Hours]

This information is provided at the request of the employee for official Department of Labor purposes. Should you require any further documentation or have additional questions, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]