

[Date]

[Case Worker Name or Agency Name]

[Public Assistance Office Address]

[City, State, Zip Code]

**RE: Employment Verification for [Employee Name]**

SSN (Last 4 digits): [XXXX]

To Whom It May Concern,

This letter is to verify the employment of [Employee Name] with [Company Name].

**Employment Details:**

- **Employment Status:** [Active / Terminated]
- **Hire Date:** [Start Date]
- **Job Title:** [Title]
- **Rate of Pay:** \$[Amount] per [Hour/Week/Month]
- **Average Hours per Week:** [Number of Hours]
- **Pay Frequency:** [Weekly / Bi-weekly / Monthly]

**Gross Earnings for the Last 4 Pay Periods:**

<b>Pay Period End Date</b>	<b>Gross Amount Paid</b>
[Date 1]	[\$[Amount]]
[Date 2]	[\$[Amount]]
[Date 3]	[\$[Amount]]
[Date 4]	[\$[Amount]]

If you require any additional information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]