

[Date]

[Agency Name]

[Child Support Office Address]

[City, State, Zip Code]

Re: Employment Verification for [Employee Full Name]

Case Number: [Case Number]

Social Security Number: [XXX-XX-XXXX]

To Whom It May Concern,

This letter is to verify the employment of the individual listed below as requested for child support enforcement purposes.

Employee Information:

- Full Name: [Employee Full Name]
- Employment Status: [Active / Terminated / Leave of Absence]
- Hire Date: [Date of Hire]
- Job Title: [Position]
- Current Base Salary/Wage: \$[Amount] per [Hour/Month/Year]

Payroll and Withholding Information:

- Pay Frequency: [Weekly / Bi-weekly / Monthly]
- Average Hours Per Pay Period: [Number of Hours]
- Medical Insurance Available: [Yes / No]
- Insurance Enrollment Date: [Date, if applicable]

Employer Information:

- Company Name: [Company Name]
- Federal EIN: [Employer Identification Number]
- Payroll Address: [Address where orders should be sent]
- Contact Person: [Name of HR/Payroll Representative]
- Phone Number: [Phone Number]

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]