

Date: [Date]

To:

Workers' Compensation Board

[Board Address]

[City, State, Zip Code]

RE: Employment Verification for [Employee Full Name]

Claim Number: [Claim Number, if known]

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

To Whom It May Concern,

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

Employment Details:

- **Current Status:** [Active / Terminated / On Leave]
- **Job Title:** [Employee Job Title]
- **Date of Hire:** [Start Date]
- **Last Date Worked:** [End Date or "Present"]
- **Employment Type:** [Full-time / Part-time]

Wage and Hour Information:

- **Gross Pay:** \$[Amount] per [Hour/Week/Month]
- **Average Hours per Week:** [Number of Hours]
- **Total Gross Earnings (Last 52 weeks):** \$[Total Amount]

Attached to this letter are the employee's payroll records for the 52-week period preceding the date of injury ([Date of Injury]).

If you require any further information or documentation, please contact the undersigned at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Job Title]

[Company Name]