

[Employer Name]  
[Employer Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To: [TANF Caseworker Name or Agency Name]  
[Agency Address]  
[City, State, Zip Code]

**Subject: Employment Verification for [Employee Full Name]**

To Whom It May Concern,

This letter is to verify the employment of [Employee Full Name] with [Company Name]. Please find the requested information below for the purposes of TANF eligibility verification:

- **Employment Status:** [Active / Terminated / Leave of Absence]
- **Job Title:** [Title]
- **Hire Date:** [Date]
- **Current Pay Rate:** \$[Amount] per [Hour/Week/Month]
- **Average Hours Worked Per Week:** [Number of Hours]
- **Frequency of Pay:** [Weekly / Bi-weekly / Monthly]
- **Gross Earnings (Year-to-Date):** \$[Amount]

Below is a summary of the employee's gross income for the last four pay periods:

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

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

Sincerely,

[Signature]  
[Printed Name of Authorized Representative]  
[Title]  
[Company Name]