

Date: [Current Date]

To: [State Agency Name/General Assistance Office]

Address: [Agency Street Address]

City, State, Zip: [City, State, Zip Code]

RE: Employment Verification for [Employee Full Name]

To Whom It May Concern,

Please accept this letter as formal verification of employment for the individual listed below:

- **Employee Name:** [Employee Full Name]
- **Social Security Number:** [Last 4 Digits or Full SSN if required]
- **Employment Status:** [Active / Terminated / Leave of Absence]
- **Job Title:** [Current Position]
- **Hire Date:** [Start Date]
- **Termination Date (if applicable):** [End Date]

Income and Hours Information:

- **Gross Pay Rate:** \$[Amount] per [Hour/Week/Month]
- **Average Hours per Week:** [Number of Hours]
- **Pay Frequency:** [Weekly / Bi-weekly / Monthly]
- **Total Year-to-Date Earnings:** \$[Amount]

If you require any additional information or have further questions regarding this employee, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]