

[Company Letterhead or Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To Whom It May Concern,

This letter is to verify the employment of [Employee Full Name] at [Company Name]. This information is being provided to assist the employee in applying for subsidized transportation benefits.

**Employment Details:**

- **Employment Status:** [Active / Full-time / Part-time]
- **Job Title:** [Job Title]
- **Hire Date:** [Start Date]
- **Work Location:** [Work Address/Office Location]

**Work Schedule:**

The employee is typically required to be at the work location during the following hours: [Insert Schedule, e.g., Monday through Friday, 9:00 AM to 5:00 PM].

**Income Information (if required):**

The employee's current gross pay is \$[Amount] per [Hour/Week/Month/Year].

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

Sincerely,

[Signature]

[Printed Name]  
[Title]  
[Company Name]