

**Date:** [Current Date]

**To:** [State Agency Name / Caseworker Name]

**Department:** [Disability Assistance Department]

**Address:** [Agency Address]

**City, State, Zip:** [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].

**Employment Details:**

- **Employment Status:** [Active / Terminated / On Leave]
- **Hire Date:** [Start Date]
- **Job Title:** [Job Title]
- **Current Gross Pay:** \$[Amount] per [Hour/Week/Month]
- **Average Hours Per Week:** [Number of Hours]

**Physical/Medical Accommodations (if applicable):**

[List any workplace accommodations provided or note if the employee is currently unable to perform duties due to disability.]

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

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]