[Company Letterhead]

[Date]

[Adoption Agency Name]
[Adoption Agency Address]
[City, State, Zip Code]

RE: Employment and Benefits Verification for [Employee Full Name]

To Whom It May Concern,

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

Employment Details:

- **Current Position:** [Job Title]
- **Employment Status:** [Full-time / Part-time]
- **Hire Date:** [Date of Hire]
- **Current Salary:** $[Amount] per [Year/Hour]
- **Probability of Continued Employment:** [Excellent / Good]

Benefits and Leave Information:

- **Health Insurance:** [Employee Name] is currently enrolled in a comprehensive health insurance plan that [does/does not] provide coverage for dependents.
- **Adoption Assistance:** [Company Name] [provides/does not provide] financial reimbursement for adoption-related expenses.
- **Parental Leave:** Upon the placement of a child, the employee is eligible for [Number] weeks of [paid/unpaid] leave under company policy and/or FMLA.

If you require any additional information or further clarification regarding [Employee Name]'s employment status or benefits, please feel free to contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Company Name]