

EMPLOYMENT VERIFICATION LETTER

Employee's Name:

CUID:

TO BE COMPLETED BY EMPLOYER OR HIRING DEPARTMENT:

Employment Department:

Employment Position Title:

Employment Start Date:

Number of Hours Per Week:

Employment Job Nature:

Employer Address:

City:

State:

Zip:

Employer Phone Number:

Employer Identification Number:

Name of Employee's Immediate Supervisor (Print):

Employer Name (Print):

Employer Title:

Employer Signature: _____

Date:

"My signature hereby certifies that the above named person is working or has been offered employment in accordance with the specifications (Employment Position, Employment Start Date, Employment Job Nature, etc.) listed above. I further certify that I am the employer or the authorized member of the hiring department responsible for confirming the person's current employment status."

Date: