

Child ID: _____



MATRIX HEAD START

Employment Verification Letter

(Date)

(Business Name)

(Business Address)

(City, State & Zip Code)

(Business Phone Number)

This letter is confirmation that _____
(Employee's first and last name)

has been employed with our company from _____ to _____.
(Month/Date/Year) (Month/Date/Year)

He/she is paid \$ _____ and is paid _____.
(Amount paid to employee) (Choose one)

May we contact you if additional information is needed? YES NO

Contact Number: _____ Best time of day to reach you: _____

(If applicable, please fill below)

The employee is a seasonal worker, employed from _____ to _____.
(Month/Date/Year) (Month/Date/Year)

Sincerely,

Print name of person completing the form Title

Signature Date