

Temporary Employment Authorization

Document Number: _____

Name of Employee: _____

Date of Birth: _____

Address: _____

Authorization Details

This document certifies that the person named above is temporarily authorized to be employed in the following capacity:

Position/Job Title: _____

Employer: _____

Work Location: _____

Authorization Period: From _____ To _____

Conditions

- This authorization is valid only for the specified period.
- This authorization may be revoked if any information is found to be false.
- Employee must comply with all applicable laws and regulations.

Issued By: _____

Date of Issue: _____

Signature: _____