

# 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:** \_\_\_\_\_