

Workforce Verification Notice

Date:

To whom it may concern,

This is to verify that the following individual is a member of our workforce:

Full Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Position/Title:	<input type="text"/>
Department:	<input type="text"/>
Date of Employment:	<input type="text"/>

Please contact us if further information is required.

Sincerely,

Authorized Representative

Title

Company/Organization

Contact Information