

# Comprehensive Employment Status Validation Document

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## Employee Information

Full Name

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Employee ID/Number

---

Date of Birth

---

Contact Number

---

Email Address

---

## Employment Details

Position/Title

---

Department/Unit

---

Employment Type

---

(Full-Time / Part-Time / Temporary / Contract)

Date of Hire

---

Current Status

---

(Active / Inactive / On Leave / Terminated)

## Validation Statement

To whom it may concern,

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(Please enter a brief statement confirming the employment status and any relevant remarks.)

## Validation Authority

Name

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Position/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Company/Organization Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_

\_\_\_\_\_  
Document Reference No.:

\_\_\_\_\_