

[Employerâ€™s Letterhead]

Date: _____

To Whom It May Concern,

This letter is to certify that **[Employeeâ€™s Full Name]** has been employed at **[Company Name]** from **[Employment Start Date]** to **[Employment End Date or "present"]** as a **[Job Title]**.

During their employment, **[Employeeâ€™s Name]** has worked **[number of hours]** hours per week. If you need additional information regarding this employment verification for the purpose of a Disability Waiver Application, please do not hesitate to contact our office.

Sincerely,

[Employerâ€™s Name]

[Title]

[Company Name]

[Contact Information]