

(Organization Letterhead Must be Identified on Document)

School of Public Health
University of California, Berkeley
2121 Berkeley Way West RM 5302, MC #7360
Berkeley, CA 94720-7360

To Whom It May Concern:

Please accept this letter as a verification of employment for (Full Name). (Name) is presently (or was) an employee with (Name of Organization) from (start date) to (end date/presently employed). (Applicant's) employment status is/was (part-time/full-time), working * hours per week. (Applicant) is/was employed in our (name of dept.) department and his/her job title is/was (job title). He/she performed the following duties:

List job duties and explain interaction with patients seeking medical care

Sincerely, (Signature)

Name
Title
Department
Contact Information