



Wake ThreeSchool Employment Verification Form

Child's Name: _____ DOB: _____

Date: _____

Name of Employer: _____

Employer Address: _____

Re: Verification of employment for (employee name): _____

To whom it may concern:

This is to certify that _____ has been employed
(employee name)

since _____ and is holding a permanent/temporary/part-time position with
(date of employment)

an annual/monthly/weekly salary of \$_____.

If you have any questions or require further information, please don't hesitate to contact me at

_____ or _____
(Employer phone number) (Employer email address)

Sincerely,

Signature

Employer Title