

Employer letterhead

Date:.....

To Whom It May Concern,

Subject: Employment verification for
Address:.....
Phone:.....
Email:.....

I am writing to confirm that has been employed at our company since..... with an approximate ofhours per week/month as a **Direct Care Workers** (circle the job description):

- | | | |
|-------------------|---|--------------------------|
| Home Care Aides | Dementia Care Specialists | Transportation Providers |
| Care Coordinators | Activities Coordinators | Community Health Workers |
| Care Managers | IHSS workers not in the IHSS Career Pathway | |

Let us know if you have any questions,

Sincerely,

Supervisor/Manager name:.....