

Sample-

**EMPLOYMENT VERIFICATION FORM**  
**(On Company Letterhead)**

Date:

Re: Your name and address

To Whom It May Concern:

This letter is to notify you that the above named employee has been employed at this company since \_\_\_\_\_ (date) as a(n) \_\_\_\_\_ (position). His (her) annual salary is \$ \_\_\_\_\_ and continuation of his (her) employment is excellent.

This company covers the named employee's medical insurance. This benefit will extend to the adopted child on the day of the adoption.

Sincerely,

Signature  
Title

\*Please make sure that your **title, salary, length of employment**, and a statement about the **health insurance** are included in this letter. Only one spouse needs to mention health insurance if it covers both/entire family.