

Employment Verification Form

Name of the Employer _____

Address _____

Phone Number _____

To Whom It May Concern:

This is to certify that _____ (Name of employee) is working
as _____ (Position) since _____ (Date of
employment). He/She is holding a permanent/temporary position and his/her *annual salary is
_____ which is _____ (US dollar equivalent).

Name of the institution official

Title

Signature of the institution official

Date

Place office seal in the area provided below.

Office Seal _____

Date _____

***A minimum of US \$30,000.00 per year is required**