

(Organization Letterhead Must be Identified on Document)

Date

School of Nursing
California State University San Marcos
333 S. Twin Oaks Valley Rd.
San Marcos, CA 92096-0001

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