EMPLOYMENT VERIFICATION LETTER

1. 1. Company Letterhead and Date

[COMPANY NAME]. [COMPANY STREET ADDRESS]. [CITY, STATE, ZIP]. [COMPANY PHONE NUMBER]. [COMPANY WEBSITE]. Date: [DATE OF LETTER]. This letter should be printed on official company letterhead, since most lenders and agencies will not accept a verification that does not display the company name, address, and contact information. Reference number: [INTERNAL REFERENCE OR REQUEST ID, IF USED].

2. 2. Recipient

[RECIPIENT NAME], [RECIPIENT TITLE]. [RECIPIENT ORGANIZATION]. [RECIPIENT STREET ADDRESS]. [CITY, STATE, ZIP]. Dear [RECIPIENT NAME], or "To Whom It May Concern:" where the requester has not identified a specific individual. Re: Employment verification for [EMPLOYEE FULL NAME]. Where the request came through the employee rather than directly from the third party, address the letter as instructed by the employee and provide the original to the employee.

3. 3. Confirmation of Employment

This letter confirms that [EMPLOYEE FULL NAME] [is currently employed by / was employed by] [COMPANY NAME]. This confirmation is provided at the written request of [REQUESTING PARTY, e.g., the employee named above / (LENDER NAME) with the employee's authorization dated (DATE)]. The information below is drawn from our payroll and human resources records as of the date of this letter and is limited to the categories the employee has authorized us to disclose.

4. 4. Position and Dates of Employment

Position: [CURRENT OR MOST RECENT JOB TITLE]. Department: [DEPARTMENT OR DIVISION]. Start date: [HIRE DATE]. End date: [SEPARATION DATE, or "Currently employed" for active employees]. Employment status: [FULL-TIME / PART-TIME / TEMPORARY / SEASONAL]. Standard scheduled hours: [HOURS PER WEEK]. Work location: [WORK LOCATION OR "remote"]. If the employee has held more than one position, the prior roles and their dates are: [PRIOR TITLES AND DATE RANGES, IF DISCLOSURE IS AUTHORIZED].

5. 5. Compensation (Disclosed Only With Employee Consent)

Compensation information is disclosed only where the employee has given written authorization. The employee named above [has / has not] authorized disclosure of compensation in the written request dated [AUTHORIZATION DATE]. Where authorized: current annual base salary is [BASE SALARY] paid [PAY FREQUENCY, e.g., biweekly], or current hourly rate is [HOURLY RATE] for [SCHEDULED HOURS] hours per week. Variable compensation such as commission, bonus, or overtime [is / is not] included in the figure above and, where applicable, totaled [VARIABLE COMPENSATION AMOUNT] over [PERIOD]. Where the employee has not authorized disclosure, this section should be removed entirely rather than left blank, and we will confirm title and dates only.

6. 6. Employment Status and Nature of the Role

The employee is engaged as [AT-WILL EMPLOYEE / EMPLOYEE UNDER A WRITTEN AGREEMENT ENDING (DATE)] and is classified as [EXEMPT / NON-EXEMPT] under applicable wage and hour rules. As of the date of this letter we [have no notice of any pending change to this employment / can confirm that employment

ended on the date shown above]. Nothing in this letter should be read as a representation, promise, or guarantee of continued employment for any period, and it does not modify the at-will nature of the employment relationship where that applies.

7. 7. Scope and No-Liability Statement

This letter is provided as a courtesy in response to a specific request and is limited to the factual information stated above. [COMPANY NAME] makes no representation, warranty, or guarantee regarding the future employment, future income, creditworthiness, performance, character, or suitability of the employee for any purpose, and expressly declines to comment on any of those subjects. [COMPANY NAME] assumes no liability to the recipient or to any other person for any decision made in reliance on this letter, including any lending, leasing, immigration, or hiring decision. The information reflects our records as of [DATE OF LETTER] and may change without notice, and no duty to update this letter is undertaken.

8. 8. Verification Contact

If you require confirmation of the information above, or if additional categories of information are needed, please contact [VERIFICATION CONTACT NAME], [TITLE], at [VERIFICATION PHONE NUMBER] or [VERIFICATION EMAIL ADDRESS]. Additional information beyond the categories listed will be released only on receipt of a written authorization signed by the employee that identifies the specific information to be released, or where disclosure is required by law or valid legal process. Please do not direct verification requests to individual managers, as they are not authorized to confirm employment details on behalf of the company.

9. 9. Signature

Sincerely, _____. [AUTHORIZED SIGNER FULL NAME]. [AUTHORIZED SIGNER TITLE, e.g., Human Resources Manager]. [COMPANY NAME]. [PHONE NUMBER]. [EMAIL ADDRESS]. Date: [DATE]. This letter is signed by an individual authorized by [COMPANY NAME] to release employment information. A copy of this letter has been retained in the employee's personnel file together with the underlying request and any written authorization from the employee.

10. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Rules governing what an employer may disclose about a current or former employee vary by state, and several states restrict inquiries into or disclosure of salary history. Some states provide statutory immunity for good-faith references while others do not, and disclosures made for credit, tenant screening, or background check purposes may implicate the Fair Credit Reporting Act or state analogues. Have your own counsel review your standard verification format and your authorization process before adopting it. Use of this template does not create an attorney-client relationship with ScanContract.