

EMPLOYER/COMPANY LETTERHEAD

Date

To Whom It May Concern:

This letter is to verify that TTT Participant Name was employed by Organization Name as a RN/LPN on the Med/Surg, Critical Care, ICU unit from Start Date to End Date or Present . Her/his work status is/was FT/PT/PRN and consisted of # Hours Weekly/Biweekly/Monthly . If there are further questions, call me at Phone Number .

Sincerely,

HR Representative/Nurse Manager