March 19, 2020

Re: Employment Verification for Staff of [name of organization]

To Whom It May Concern:

Please accept this letter as verification that the person holding this letter works in an essential position providing critical long-term supports and services to individuals with intellectual and developmental disabilities on behalf of [name of organization]. Our employee is scheduled to travel to and from their work site outside of usual business hours as part of their job responsibilities. Please see below for more information about this employee’s schedule.

[name of organization] is a community-based provider of essential long-term supports and services to people with intellectual and developmental disabilities in [service footprint]. A large portion of the individuals [name of organization] supports live in residential settings that require a trained employee to be physically at the site to conduct their assigned job responsibilities 24 hours a day, seven days a week.

If you have further questions, please contact [contact name], [contact title] for [name of the organization], via email at [contact email address] or by phone at [contact phone number].

Thank you for your cooperation and consideration.

Sincerely,

[CEO/Executive Director name]

[CEO/Executive Director]

[name of organization]

 **Employee’s Full Name (as it appears on** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Driver license)**

 **Work Schedule for Week of \_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address(es) of Work Location(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_