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How to Complete Your Florida Employment Verification Letter

Employment Verification (Florida)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Landlords, lenders, consulates, and immigration authorities abroad may ask for a **notarized letter from an employer** confirming a person's job, start date, and pay.

1. **Fill in the form**
   An authorized person at the employer (owner, HR, or manager) enters the employee's position, start date, status, and pay, if the employee consents to sharing it.
2. **Employer representative signs in front of a notary**
   Do not sign ahead of time. Bring a current, government-issued photo ID. The notary completes the acknowledgment.

After It's Signed

- Give the original to the employee or send it directly to the requesting party.
- For use in another country, the notarized document may need an apostille from the Florida Department of State. We can handle the notarization and the apostille for you.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

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EMPLOYMENT VERIFICATION LETTER

(Employer’s Statement)

Employer name

Telephone

Employer address

To (recipient, or “To Whom It May Concern”)

This letter confirms that the following person is employed by the employer named above:

Employee name

Job title

Start date

Full-time / part-time

Hours per week

Salary or hourly rate (optional)

Employment is current and expected to continue.

Employment ended on the date below:

End date

The information in this letter is true and correct according to the employer’s records. The employee authorized release of this information.

Title of person signing

Email

Date

X

Signature of employer representative

Printed name

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NOTARY ACKNOWLEDGMENT

State of

County of

The foregoing instrument was acknowledged before me by means of

physical presence or

online notarization,

this day of

month

year

by (name of employer representative)

as (type of authority, e.g. officer, trustee, attorney in fact)

for (name of party on whose behalf the instrument was executed)

Personally Known OR

Produced Identification

Type of identification produced

X

Signature of Notary Public

(Notary seal)

Print, type, or stamp commissioned name of Notary Public

Commission number

Commission expires

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