



HENRY M. JACKSON FOUNDATION
FOR THE ADVANCEMENT OF MILITARY MEDICINE

Advancing Military Medical Research

REQUEST FOR EMPLOYMENT VERIFICATION LETTER

NAME

DATE

I would like to request the following information to be included in a letter verifying my employment:

- Please check:**
- dates of employment
 - position title
 - salary/hourly rate
 - position location
 - year-to-date earnings
 - previous year earnings
 - Other: _____

REASON FOR REQUEST

DATE NEEDED

ADDRESS LETTER TO:

FORWARD LETTER TO:

I hereby authorize the Henry M. Jackson Foundation to forward this employment verification letter to the above stated address.

SIGNATURE

PRINT

Please return completed form to the Human Resources Department.