

# EMPLOYMENT VERIFICATION LETTER

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

RE: Verification of Employment for \_\_\_\_\_

To Georgia Mental Health Consumer Network-CPS Project:

Please accept this letter as confirmation that \_\_\_\_\_  
has been employed with \_\_\_\_\_  
since \_\_\_\_\_.

Currently, \_\_\_\_\_ holds the Title  
of \_\_\_\_\_ and works on a  Full-Time  Part-Time basis.

If you have any questions or require further information, please don't hesitate to contact  
me at \_\_\_\_\_.

Sincerely yours,

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Employer Title: \_\_\_\_\_

***\*Please upload this completed form with your CPS application  
in jotform.***