

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Authorization to Work

This letter serves to confirm that [Employee's Name], holding the position of [Job Title], is authorized to work at [Company Name] located at [Company Address]. This authorization is valid from [Start Date] to [End Date] or until further notice.

Please ensure that you present this letter as needed when fulfilling your work duties. If you have any questions regarding this authorization, feel free to contact our Human Resources department at [HR Contact Information].

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]

[Company Website] (if applicable)