

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Subject: Authorization to Work

Dear [Employee's Name],

We are pleased to inform you that you are authorized to work at [Company Name] in the position of [Job Title]. This authorization is effective from [Start Date] and will continue until [End Date], subject to the terms and conditions of your employment.

Please ensure that you bring the necessary identification and documentation on your first day of work as per [relevant labor laws or company policy].

If you have any questions regarding this authorization, please feel free to contact [Supervisor's Name] at [Contact Information].

We look forward to having you on our team.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]