

[Your Name]  
[Your Title]  
[Pharmacy Name]  
[Pharmacy Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to verify the employment of [Employee's Name] at [Pharmacy Name]. [Employee's Name] has been employed with us since [Start Date] as a Pharmacy Technician.

During their time with us, [Employee's Name] has demonstrated skills in medication dispensing, patient interaction, and inventory management.

Their employment status is [Full-time/Part-time], and they are currently [still employed/terminated] as of [most recent date].

Should you require further information, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Name]  
[Your Title]  
[Pharmacy Name]