

[Your Name]  
[Your Title]  
[Your Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

West Virginia Division of Unemployment Compensation

[Address of the Relevant Office]

[City, State, Zip Code]

Subject: Verification of Employment Status for [Employee's Name]

To Whom It May Concern,

I am writing to verify the employment status of [Employee's Name], who was employed with [Company Name] from [Start Date] to [End Date]. During this period, [he/she/they] held the position of [Job Title].

[He/She/They] was employed on a [full-time/part-time] basis and earned an hourly rate of [Hourly Wage] or an annual salary of [Annual Salary].

[Optional: Provide additional details about the employee's duties or performance if necessary.]

Please feel free to contact me if you require any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title]

[Your Company Name]