

**Date**

RE: Verification of employment for **[Employee Name]** as essential staff during COVID-19

To whom it may concern:

Please accept this letter as confirmation that [employee name] is employed with **[Organization name]** Hospice. **[Organization name]** provides a comprehensive approach to the care and well-being of patients facing a terminal illness.

**[Employee Name]** is employed as a **[employee title]** and performs functions such as:

1. **Insert job duty**
2. **Insert job duty**
3. **Insert job duty**

Caring for our patients during this national state of emergency is our top priority. As such, our employees may be required to travel outside of the established curfew times to meet the medical needs of our patients.

If you have any questions or require further information, please contact me at **[employer phone number]**.

Sincerely,

**[Employer representative name]**  
**[Employer title]**