

Work-from-Home Employment Verification

Date:

Employee Name:

Employee Position/Title:

Employee ID:

Company Name:

Company Address:

This is to confirm that the above-named employee is employed by our company, and is currently authorized to work from home as part of their employment arrangement.

Start Date of Work-from-Home Arrangement:

Expected Duration (if applicable):

Work Schedule:

Additional Comments (if any):

Authorized Signatory

Name:

Title:

Date
