

Date

To Whom It May Concern:

This confirms that CLIENT is employed by this company. CLIENT'S rate of pay is (\$/hour, or \$/week, or annual salary).

This also confirms that following CLIENT'S accident on DATE, CLIENT was not able to work for the following period of time (list dates or period of time).

If I can be of any further assistance, please contact me at the telephone number listed on this letterhead.

Sincerely,

Payroll manager/owner/manager