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**– Employment Verification for Out-of-State Residents –**

**ECE Stipends 1011/1031 Program**

**Today’s Date:**
(*Month day, Year*)

**From Your Current ECE Employer:**
(*Colorado Center’s Full Name*
*(Director or Owner’s Full Name*
*Address*
*City, Colorado Zip Code*)

Re: Employee Verification for (*Employee’s Full Name*)

**Dear Colorado Department of Higher Education:**

**This letter is to verify employment for** (*Employee’s Full Name*) **at** (*Full Name of Colorado Licensed Center*), **located at** (*Street #, Address, City, CO, Zip Code*). **Our license number is:** (*Here*). (*Employee’s First Name*) **has been employed here since** (*MM/DD/YYYY*). (*He/she/they*) **works** (*#*) **of hours per week, working primarily with children ages** (*Age ranges*) **years old**.

**If you have any questions, please contact me, at** (*Employer’s work email*)**, and** (*Best contact phone number*). **Thank you.**

**Sincerely,**

(*Director/Employer’s Full Name, and Title)*

*(Director/Employer’s Digital Signature)*

(*Today’s date)*