



Date: _____

To: APPA Credentialing

From: _____

RE: Employment Verification for _____
Employee's Name

This letter will serve as verification for _____ proving their
First Name Last Name

employment with _____ from _____
Name of Institution Beginning Date

through _____ as a _____ employee for the
Ending Date (Full-time/Part-time)

purpose of CEFP Recertification with APPA: Leadership in Educational Facilities.

Sincerely,

Signature

Print Name