

Verification of Activity Experience

Name of Applicant _____ Date of Letter: _____

Name of Agency _____

Telephone Number: _____

Applicant's Title _____

Agency Address _____

Name and Title of Supervisor _____

Activity Employment Dates: From _____ To _____

Please check: 50% (do not average) of the residents/participants are 55 years or older: Yes No

Number of Hours worked in activities per week _____

Total of Activity Hours worked since hire _____

Number of Activity Hours worked within the last 5 years _____

Summarize the duties specific to the position:

Signature of Supervisor: _____

This is a **sample format** to assist with employment verification.
The letter **must** be on the **original** facility letterhead and **signed** by the supervisor.