Date:

To Whom It May Concern:

This letter is to confirm that [insert name] has completed [insert hours] as a [insert role] for the [insert organization]. [insert name] has [insert type of work] with individuals [insert disability] from [insert beginning and end dates].

Sincerely,

[insert signature]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(insert signature holder’s title)