

Employee Tenure Confirmation Certificate

This is to certify that the following individual has been employed with our organization for the period specified below.

Employee Name: _____

Employee ID/Number: _____

Designation: _____

Department: _____

Date of Joining: _____ / _____ / _____

Current Employment Status: _____

This certificate is issued upon the request of the above-named employee for whatever purpose it may serve.

Authorized Signature:

Name & Designation

Date:

_____ / _____ / _____