

# 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:

\_\_\_\_\_  
/ \_\_\_\_\_ / \_\_\_\_\_