

# Staff Experience Confirmation Certificate

[Organization / Company Name]  
[Address Line 1], [Address Line 2]

Certificate Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_

This is to confirm that \_\_\_\_\_ was employed with \_\_\_\_\_ as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. During this period, their conduct and performance were found to be satisfactory.

This certificate is issued upon their request for whatever purpose it may serve best.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Seal (if any)