­

This is to certify that Mr. /Miss/Ms. (name) employee ID (number) is working with our reputed company as an (designation). He/she has been working with us since (date) and proved to be a very dedicated resource who has been very loyal to the company.

We are issuing this letter on the request of our employee and do not hold any liability on behalf of this letter or part of this letter on our company.

|  |  |
| --- | --- |
| Employee State Insurance | $560.00 |
| Provident Fund |  | $350.00 |
| Professional Tax |  | 4% |
|  |  |  |
|  | **Net Salary** | **$23,230.34** |

Manager

 

SALARY CERTIFICATE

www.websitename.com

DIRECTOR OF FINANCE

Proin venenatis tincidunt est sed nec nunc

COMPANY NAME

Phone: 00 111-456-9870

Email: yourmail@email.com

Location, city, state, zip code