8/25/2022

Social Security Administration Local Office

Re: Beneficiary Name:

SS#:

Birth Date:

To Whom It May Concern:

**For New Employment:**

This letter is to inform you that        is currently working at       and the start date is      . Mr.       wages are $     / hr. x       hours/week.

**For change of employment status are as follows, if applicable:**

* Change of employment from company:       to company:       and date of change is:
* Change of wages with current employer: current wage $     /hour to new wage $     /hr
* Quit or termination of current employer on: Click here to enter a date.

      is a participant of the Ticket to Work program and will continue to receive support through Abbott & Associates Financial Services, LLC. If you have any questions about this individual or our services, feel free to contact Sandra Abbott, EN, at 734-363-2641.

Please provide a confirmation of this receipt of information. The confirmation letter is to be sent to the following addresses below:

Beneficiary Name:

Beneficiary Address:

And

Abbott Financial Services, LLC.

Attention: Sandra Abbott, EN

22288 Glenwood Lane

Woodhaven, MI 48183

Thank you for your assistance in this matter.

Sincerely,

     , Beneficiary