To whom it may concern:

This letter identifies [Employee's First and Last Name] as an employee who works at [Company Name] as a [Employee’s Job Title].

[Company Name] has reviewed the applicable state and/or county rules and guidelines for the COVID-19 vaccine rollout and confirmed that this employee is eligible under Phase [State- or County-Specific Vaccine Phase]. Therefore, we request that you please allow this employee to receive the COVID-19 vaccine.

Please direct any questions to [Name] at [Contact Information].

Thank you

[INSERT NAME]

[INSERT TITLE]