**DATE:**

**TO:**

**RE:**

**SS#:**

Dear Mr./Ms. :

Mr./Ms. is being considered for Special Payments Payroll Contractual employment with the State of Maryland, Maryland Department of Health as a . He/she has given your organization as a placement of employment from to .

We would appreciate it if you would complete the attached form and return it by so we may evaluate his/her experience.

If you have any questions or wish further clarification, you may contact at .

Sincerely,

Contract Administrator

Attachment

c: Official Personnel File