

HARVARD LAW SCHOOL LIPP
WASSERSTEIN SUITE 5027
CAMBRIDGE, MASSACHUSETTS 02138
TEL: (617) 495-0643
lipp@law.harvard.edu

EMPLOYER CERTIFICATION FORM

PART I: RELEASE FOR EMPLOYER CONTACT (to be completed by applicant)

Name: _____

Through my signature on this Employer Certification Form:

I authorize my employer at _____
to provide the information requested in PART II of this form to Harvard Law School
for participation in the LIPP program.

I understand that the LIPP office may contact my employer at any time regarding
verification of my employment.

Applicant Signature: _____ Date: _____

PART II: CERTIFICATION (to be completed by employer)

The above named individual has applied to the LIPP program at Harvard Law School. Please
complete this form and return it to the applicant. If you have questions, please contact us.

* If wages are not paid in US dollars please list the salary in the local currency and indicate the currency used.

Job Title: _____

Job Description: _____

Date **full-time** employment began: _____ End date, if known: _____

Monthly Gross Salary:* _____ Yearly Gross Salary:* _____ Effective Date: _____

Anticipated Salary Increase: _____ Date of anticipated increase: _____

Is employee eligible for over-time or shift-differential pay? _____

If yes, please provide gross amount of overtime received during July - Dec 2022:

_____ and anticipated gross amount for Jan - June 2023:

_____.

*If **part-time** employment, please specify effective date(s) and hours/schedule:

EMPLOYER CERTIFICATION FORM, page 2

Applicant's Name: _____

Please list any bonuses with the date the bonus was or will be awarded:

Bonuses received to date in 2022

Bonuses anticipated through Dec 2023

Gross Amount(s)	Date(s)
_____	_____
_____	_____
_____	_____

Gross Amount(s)	Date(s)
_____	_____
_____	_____
_____	_____

Please identify any allowances or reimbursements associated with this position, including housing, food, travel, phone, internet, car, or loan repayment. Please indicate **type, amount, and whether the funding is a reimbursement or W2 income**:

Please detail any other benefits associated with this position:

Employer status (Please check appropriate section – this information is necessary for tax reporting purposes):

- 1. Government/public agency: Federal State County City Other
- 2. Private, non-profit 501(c)(3) organization: (check if application is pending on 501(c)(3) status):
- 3. Private, non-profit, organization **without** 501(c)(3) status:
- 4. Private, for profit organization:
- 5. Non U.S. private, non-profit organization:

Authorized Signature Printed Name and Title Date

Name of Employer: _____

Address: _____

Phone Number: () _____