

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

***PARENTAL AND PART-TIME LEAVE
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 has applied for parental leave coverage under the LIPP program at
Harvard Law School. This application process requires certification from the employer of the
applicant's expected change in employment status. Please fill out the following form and return it
to the applicant. If you have questions, please contact us.

Parental Leave:

Date parental leave begins: _____ Date parental leave ends: _____

Parental Part-Time Employment

Date part-time employment begins: _____ Date part-time employment ends: _____

Number of hours/week during usual full time schedule: _____
Number of hours/week during part-time leave schedule: _____
Annual salary if employee were employed full-time*: \$ _____
Effective date of above full-time equivalent salary: _____

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

Applicant's Name: _____

Special Leave Arrangements

Please provide information about any increased or decreased salary or benefits, et cetera, during the anticipated leave:

Authorized Signature Printed Name and Title Date

Name of Employer: _____

Address: _____

Phone Number: () _____
