

LOW INCOME PROTECTION PLAN
HARVARD LAW SCHOOL, WASSERSTEIN SUITE 5027
CAMBRIDGE, MASSACHUSETTS 02138
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POST-CLERKSHIP EMPLOYER CERTIFICATION FORM

PART 1: RELEASE FOR EMPLOYER CONTACT (to be completed by applicant)

Name: _____

Through my signature on this 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 Low Income Protection Plan 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 is fulfilling requirements within the Low Income Protection Plan at Harvard Law School. If you have any 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: _____

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

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

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

If yes, please provide gross amount of overtime anticipated for the six months following date of hire: _____

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

Has the employee received any bonuses (including signing bonuses) to date? If yes, please list amount(s) and date(s): _____

