

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): _____

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Raises Anticipated in the 6 Months Post-Hire			Bonuses Anticipated in the 6 Months Post-Hire	
Gross Amount(s)	Date(s)		Gross Amount(s)	Date(s)
		Month 1		
		Month 2		
		Month 3		
		Month 4		
		Month 5		
		Month 6		

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):

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: () _____