

HARVARD LAW SCHOOL LIPP  
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***EMPLOYER CERTIFICATION FORM- HOURLY EMPLOYEES***

**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 PSLF-Based Plan.

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 PSLF-Based Plan 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please detail any other benefits associated with this position:

\_\_\_\_\_  
\_\_\_\_\_

