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:

_____

_____

Applicant's Name: _____

If employee will be paid more than one rate for the same date range, please note in the comments column. If the participant will have multiple assignments, please provide details for each separately and attach additional sheets if necessary.

Hourly Rate	Hours Per Week	Dates of Contract/Assignment	Comments

Please indicate dates of any anticipated gaps in employment:

_____

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: ( ) _____