

LSU Law

EMPLOYER CERTIFICATION FORM

LSU Paul M. Hebert Law Center Loan Repayment Assistance Program (LRAP)

TO BE COMPLETED BY APPLICANT:

Name: _____

I authorize my employer _____ to provide information requested in this form to the LSU Paul M. Hebert Law Center for participation in its Loan Repayment Assistance Program.

Applicant's Signature _____ Date _____

TO THE EMPLOYER:

The information you are providing will enable the Selection Committee to determine whether the employee's job meets the qualifying employment requirements of the LSU Paul M. Hebert Law Center Loan Repayment Assistance Program. Please provide the information requested and **return it to the employee for submission** with his/her application.

Employee's Name: _____

Employee's Title: _____

Supervisor's Name: _____

Employer: _____

Employer's Phone / Email: _____

Employer's Address: _____

Employer's IRS Status: _____ Government _____ 501 (c) 3 Non-Profit Organization _____ Other*

*If other, please specify _____

Employee's Annual Salary: _____

Employee Start Date (and End Date, if applicable): _____

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**LSU Paul M. Hebert Law Center
Loan Repayment Assistance Program (LRAP)**

Employee Name: _____

Do you anticipate the employee will work at your agency for a minimum of 12 months? Yes No

Does employee work full-time or part-time? Full-Time Part-Time Hours per week: _____

Is bar passage a prerequisite for the employee's position? Yes No

Brief Job Description: _____

Completed by: _____

Supervisor's / Employer Representative's Name/Title (Please Print) _____

Supervisor's / Employer Representative's Signature Date _____