

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF LAW  
PUBLIC INTEREST LOAN REPAYMENT ASSISTANCE PROGRAM**

Office of Career Planning and Placement  
3400 Chestnut Street  
Philadelphia, PA 19104  
215-898-3086 (fax) 215-573-2400

**EMPLOYMENT VERIFICATION FORM**

*To be completed by the applicant:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I authorize my employer to provide the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

*To be completed by employer:*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nature or type of organization \_\_\_\_\_

Please provide the following information regarding the applicant's employment:

Position \_\_\_\_\_ Start date \_\_\_\_\_

Status \_\_\_\_\_ Annual Salary \_\_\_\_\_

*(Current employee, no longer an employee, on leave, etc.)*

I certify that the information is true and accurate of this date.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_