



Loan Repayment Assistance Program (LRAP) Employment Verification

This form is to be submitted by email, fax, or mail.

CURRENT EMPLOYMENT INFORMATION

Employee's Name

Employee's Title

Employee's Job
Description

Employment Start Date

Annual Salary \$

Employment Status Full-time Part-time (____hours/week)

Employment Type 501(c)/NGO District Attorney Public Defender
 Government Agency Public Interest Law Fellowship Judicial Clerkship
 Public Interest Law Firm

Employer

Name and Title of
Supervisor/Person
Completing Employment
Verification

Signature

Date

Supervisor Telephone

Supervisor Email