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EMPLOYER CERTIFICATION FORM

Part A: To be completed by the applicant

Name \_\_\_\_\_

I authorize my employer at \_\_\_\_\_ to provide the information requested in Part B to the University of Michigan Law School. I further authorize the University of Michigan Law School to verify any information related to my Debt Management application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Part B: To be completed by the employer - please complete all fields or write NA

The above-named individual has applied to a loan repayment program at the University of Michigan Law School. The application process requires certification from the employer of the applicant's employment status. Please complete the following information and return it to our office by mail, email, or fax as soon as possible, but no later than December 13, 2023. If you have any questions, please feel free to contact our office.

Job Title: \_\_\_\_\_ Is a JD required for this position? Yes / No (circle)

Dates of employment: \_\_\_\_\_ Does this position have a set end date? \_\_\_\_\_
(Beginning and end dates, if applicable)

Full-time / Part-time (circle) If part-time, average hours per week: \_\_\_\_\_

Current Annual Income: \_\_\_\_\_ Annual income as of January 1, 2024, if known: \_\_\_\_\_
(Include housing allowances and cost of living adjustments, if applicable)

Salary / hourly (circle) If hourly, is the employee eligible for additional hours or overtime? \_\_\_\_\_ Hourly rate: \_\_\_\_\_

Will the employee be eligible for a bonus? If yes, please indicate possible dollar amount range and timing:

\_\_\_\_\_

Is the bonus guaranteed or discretionary? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Authorized Signature (Supervisor or HR Manager) \_\_\_\_\_

Name (printed) and Title \_\_\_\_\_

Date \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Authorized Signatory Email Address \_\_\_\_\_