



Jeffries Hall, Suite 2200
701 S. State Street
Ann Arbor, MI 48109-3091

(734)764-5289
fax: (734)763-7761
lawfinaid@umich.edu

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

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 3, 2024**. 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, 2025, 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