

University of Chicago Law School
Loan Repayment Assistance Program
Employer Certification

This form is to be completed by the applicant's employer. The employer **must** email the completed form directly to Law School's Financial Aid Office at financialaid@law.uchicago.edu by **December 1, 2018**. If there are any questions, please contact the Financial Aid Office at this email address or at 773-702-9484.

Name of Employee: _____ Date: _____

Employee's Title: _____

Employer Name: _____

Supervisor: _____ Email: _____

Supervisor Title: _____ Phone: _____

Is this employee a wage-earning employee? _____ Annual Salary: _____

Is this employee considered full-time? _____ Hours per week: _____

For this position a J.D. Degree is: *Required* _____ *Preferred* _____ *Not Required or Preferred* _____

Employee's Start Date: _____ End Date (if applicable): _____
(mm/dd/yy) (mm/dd/yy)

The employer Agency/Organization is a:

_____ 501 (c)(3)

_____ 501 (c)(4)

_____ 501 (c)(5)

_____ Federal/ State/ local/ tribal governmental agency

_____ International NGO

_____ U.S. Based International NGO

_____ Other (please explain): _____