

University of Chicago Law School  
Loan Repayment Assistance Program  
Job/Salary Change Certification

---

This form is to be completed by the applicant's employer within 30 days of a job or salary change. The employer **must** email the completed form directly to Law School's Financial Aid Office at [financialaid@law.uchicago.edu](mailto:financialaid@law.uchicago.edu). 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: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this employee a wage-earning employee? \_\_\_\_\_ Annual Salary: \_\_\_\_\_

New Salary Effective Date (if different from the employment start date): \_\_\_\_\_

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): \_\_\_\_\_

New Position Effective Date (if different from the employment start date): \_\_\_\_\_

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): \_\_\_\_\_