



HARVARD Kennedy School

JOHN F. KENNEDY SCHOOL OF GOVERNMENT

EMPLOYMENT CERTIFICATION FORM

PERMISSION FOR RELEASE OF INFORMATION (to be completed by applicant)

Name: _____ HUID#: _____

Current Address: (address to which LRAP Payment should be sent **not employer's address**)
 Street _____

City _____ State _____ Country _____ Zip/Postal Code: _____

I authorize my employer (name of organization) _____
 to complete the information below regarding my employment for purposes of my participation in the HKS Loan Repayment Assistance Program.

Nature of Employer: (Please Circle One)

501C(3) Non-profit (other than 501C3) U.S. Federal/State/Local Government

Foreign Government Intergovernmental Organization

Applicant Signature: _____ Date: _____

EMPLOYMENT CERTIFICATION (to be completed by employer)

The above named individual has applied for Loan Repayment Assistance. Please complete this form and return it to our office. If you have questions, please feel free to contact us at lrp@hks.harvard.edu

Position Title: _____

Date employment began: _____ Date employment ends: (if applicable) _____

Yearly Annualized* Gross Salary: _____ Effective Date of Salary: _____
 (date current salary established)

*(gross monthly income x 12)

Please indicate any anticipated changes in salary (including bonuses) with effective dates: _____

Please list financial benefits (including bonuses, housing, food allowances, and loan repayment assistance please write "none" if no additional benefits): _____

Initial each section verifying each statement is true for the above employee

____ Employment is full-time paid employment and represents the full amount of the compensation received by the applicant.

____ This employer is a non-profit or governmental employer.

_____ Authorized Signature	_____ Printed Name and Title	_____ Date
--------------------------------------	--	----------------------

Name of Employer: _____

Employer Address: _____

Phone () _____ Email: _____