

Texas Law Loan Repayment Assistance Program

Employer Verification

TO BE COMPLETED BY THE APPLICANT:

I authorize my employer to provide the information requested below to The University of Texas School of Law.

Name: _____

Signature: _____ Date: _____

TO BE COMPLETED BY A REPRESENTATIVE OF THE EMPLOYER:

The applicant above has applied to the Texas Law Loan Repayment Assistance Program. As part of the application process, each applicant must submit verification of his or her employment status. Please complete the information requested below and return this form to the applicant.

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Employee's Title: _____

Employment Start Date: _____ Employment End Date (if applicable): _____

Does employee work at least 35 hours per week? _____

Annual Gross Salary: _____

Do you expect to employ the applicant in this position for at least the next six months? ☐ Yes ☐ No

Brief job description (or attach a published copy of the employee's job description).

Name of Representative: _____

Signature of Representative: _____ Date: _____