



**Public Interest Loan Repayment Assistance Program
Employment Verification Form**

Employee Name: _____

Employer: _____

Address: _____

Supervisor's Name/Title: _____

Telephone: _____ **Date of Employment:** _____

Employee Job Title: _____ **Annual Salary:** _____

Hours Worked Per Week: _____

Additional Information or Comments: _____

Signature of Supervisor/Designee

Date

Please sign, date and fax this form to (202) 274-4107 to verify employment.

**Financial Aid Office, Washington College of Law
4801 Massachusetts Avenue NW, Suite 505, Washington, D.C. 20016-8187
Telephone (202) 274-4040, Fax: (202) 274-4107**