



Loan Repayment Assistance Programs

217 E. Edenton St.
Raleigh, NC 27601-1015
www.ncleaf.org

EMPLOYER CERTIFICATION FORM

Part A: TO BE COMPLETED BY THE APPLICANT

Name:

I hereby authorize my employer [redacted] to provide NC LEAF with the information requested in Part B and such other information concerning my employment as NC LEAF may request.

[redacted]
Applicant's Signature

[redacted]
Date

Part B: MUST BE COMPLETED BY THE EMPLOYER

Dear Employer:

Your employee, [redacted] is an Applicant for the NC LEAF Loan Repayment Assistance Program. NC LEAF provides financial assistance to help pay eligible educational loans. In order to qualify for assistance for law school debt, Applicants must be employed in eligible public service employment and meet our eligibility guidelines. Please complete the remainder of this form and return to applicant to submit with application.

Name of Employee: [redacted]

Nature of Work/Title of Position: [redacted]

Date of Hire: [redacted]

of Working Hours/Week: [redacted]

Is a JD required for this position? [redacted]

Annual Gross Salary: [redacted]

Date Employee's Current Salary went into Effect: [redacted]

[redacted]
Authorized Signature

[redacted]
Name (printed) and Title

[redacted]
Name of Employer

[redacted]
Address of Employer

[redacted]
Telephone # of Employer

[redacted]
E-mail Address

[redacted]
Date