

Employment Certification Form

You must be employed full-time (35 hours per week or more) for at least nine (9) months of calendar year in a law-related capacity.

Employee Information

Full Name:

Phone No.

E-mail Address:

Last 4 Digits of SSN:

Employer Information

Employer Name:

Type of Governmental Entity:

Address (P.O. Box/Street):

City:

State:

ZIP:

Supervisor Name:

Supervisor Title/Position:

Supervisor Phone No.

Supervisor E-mail Address:

I certify that the information stated is true and correct.

Employee Signature

Date

Supervisor Signature

Date

Office Use Only:

Date Processed

Analyst's Initials