



State of Wisconsin Higher Educational Aids Board

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Governor

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Connie Hutchison, PhD
Executive Secretary

EMPLOYMENT VERIFICATION FORM

Section A: To be completed by Applicant

Name: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

I authorize the above-named employer to provide the information requested in Section B of this form:

Signature Date

Section B: To be completed by Employer

The JRJ Student Loan Repayment Program requires information about the applicant's job history and certification of an applicant's employment. Please complete this section of the form and return it to the employee.

Job Title of Employee: _____ Name of Organization: _____

Office Location (city) of Employee: _____

Date of Hire: _____ Applicant's Current Annual Salary: _____

Is the applicant employed full-time?

YES NO

Name of person certifying employment (PLEASE PRINT) Title

I certify that information contained in this form is true and complete to the best of my knowledge.

Signature Date

*Pursuant to program guidelines, qualifying employment includes working as a full-time (at least 30 hours) prosecutor in criminal or juvenile delinquency cases for a state, local or tribal government; or working full-time providing legal representation to indigent persons in criminal or juvenile delinquency cases for a state, local or tribal government, or a non-profit organization operating under a contract with a state or local government, or a full-time federal defender in a defender organization under Subsection (g) of section 3006A of Title 18, U.S. Code, and including full-time employees who supervise, educate or train other persons prosecuting or providing representation as described.