

HARVARD LAW SCHOOL LIPP
WASSERSTEIN SUITE 5027
CAMBRIDGE, MASSACHUSETTS 02138
TEL: (617) 495-0643
lipp@law.harvard.edu

EMPLOYER CERTIFICATION FORM

PART I: RELEASE FOR EMPLOYER CONTACT (to be completed by applicant)

Name: _____

Through my signature on this Employer Certification Form:

I authorize my employer at _____
to provide the information requested in PART II of this form to Harvard Law School
for participation in the LIPP program.

I understand that the LIPP office may contact my employer at any time regarding
verification of my employment.

Applicant Signature: _____ Date: _____

PART II: CERTIFICATION (to be completed by employer)

The above named individual has applied to the LIPP program at Harvard Law School. Please
complete this form and return it to the applicant. If you have questions, please contact us.

* If wages are not paid in US dollars please list the salary in the local currency and indicate the currency used.

Job Title: _____

Job Description: _____

Date **full-time** employment began: _____ End date, if known: _____

Monthly Gross Salary:* _____ Yearly Gross Salary:* _____ Effective Date: _____

Anticipated Salary Increase: _____ Date of anticipated increase: _____

Is employee eligible for over-time or shift-differential pay? _____

If yes, please provide gross amount of overtime received during Jan - June 2023:

_____ and anticipated gross amount for July - Dec 2023:

_____.

*If **part-time** employment, please specify effective date(s) and hours/schedule:

