

EMPLOYER CHECKLIST

Dear Employer:

Please complete the UC Davis LRAP Employment Verification as accurately as possible. The information you are providing will enable us to determine whether the employee's job qualifies for his/her participation in UC Davis Law School LRAP. If the employee has indicated that they are a renewing their enrollment in the program, you may not need to submit all of the following documentation.

- ☐ **EMPLOYMENT VERIFICATION** (Part 1 should be completed by the applicant prior to forwarding to employer)
- ☐ **JOB DESCRIPTION/DUTY STATEMENT** ON GOVERNMENT OR NON-PROFIT AGENCY LETTERHEAD.
- ☐ **IRS VERIFICATION** OF 501 (c)(3), (4) or (5) TAX-EXEMPT STATUS (FOR NON-PROFIT EMPLOYERS ONLY)

SUBMISSION INSTRUCTIONS

You or the applicant should submit the Employment Verification, Job Description/ Duty Statement, or IRS verification (when applicable) as a PDF email attachment to FINANCIALAID@LAW.UCDAVIS.EDU.

QUESTIONS?

Please contact our office during normal business hours.

Phone: 530.752.6573 | Email: financialaid@law.ucdavis.edu

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name (please print) _____

Mailing Address, City, State, Zip _____

Applicant's Email _____

Phone _____

Select one:

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New Applicant or new employer (Refer to checklist for required documentation.)

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Renewal Applicant (Employer should submit new documentation if changes have been made to your employment.)

II. TO BE COMPLETED BY THE EMPLOYER

Please provide information concerning the current employment status of the individual named above and return this form to the UC Davis School of Law as soon as possible. Attach the supporting documentation listed on the Employer Checklist (page 1) before submitting to the Law Financial Aid Office by email.

- Items listed on the Employer Checklist (page 1 of this document)
- Employment Begin Date: _____
- Employment End Date: _____
- Position Title: _____
- Percent Time: _____

Supervisor's Signature _____

Please print name and title _____

AGENCY NAME AND COMPLETE MAILING ADDRESS: _____

Telephone Number: _____

Date: _____