Oregon State Bar

Loan Repayment Assistance Program (LRAP)

2020 EMPLOYMENT VERIFICATION FORM

Section A (To be completed by applicant)

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Section B (To be completed by employer)

The above named employee has applied for the OSB LRAP. Please complete the following section, and return it to the applicant. **This form must be received by the OSB by April 15, 2020.** If you have any questions, please contact Catherine Petrecca at cpetrecca@osbar.org or (503)431-6373 / (inside Oregon) 1-800-452-8260 x355. Thank you for your time.

Job Title of Employee: _____

Nature of Work: _____

Dates of Employment*: _____

***Specify date employment is to begin if LRAP applicant is not yet employed, and complete information on form for position LRAP applicant will fill.**

No. of hours applicant works per week: _____ Annual Gross Salary: _____

If a salary increase is expected, please specify amount and effective date: _____

Annual Value of Employer Paid Benefits
Employer Contribution to Health Insurance Premium: _____ Professional Dues: _____

Loan Repayment Assistance: _____ Other: _____

Is your organization qualified for tax exemption as determined by the Internal Revenue Service?
☐ Yes ☐ No

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Employer E-Mail: _____

Print Employer Contact Name: _____ Title: _____

_____ _____
Employer's Authorized Representative Date

Revised January 8, 2020