

**EMPLOYER CERTIFICATION FORM**

**Part A: to be completed by the applicant**

Name: \_\_\_\_\_ Social Security #: XXX-XX- \_\_\_\_ \_

I authorize my employer at \_\_\_\_\_ to provide the information requested in Part B as requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Part B: to be completed by the employer**

I understand the employee listed above has applied to the Texas Student Loan Repayment Assistance Program. I hereby certify to \_\_\_\_\_'s employment status as set forth below.

Applicant's title or job description: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Number of working hours per week: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (printed) and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Zip Code

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email

**PLEASE COMPLETE AND EMAIL TO: [slrap@tajf.org](mailto:slrap@tajf.org).** Also, please return a copy to the applicant employee so s/he can complete the application.

If you have any questions, please do not hesitate to contact Lisa Melton at [LDMelton@tajf.org](mailto:LDMelton@tajf.org) or 512 320 0088, ext. 330.