

EMPLOYER VERIFICATION FORM

A student has applied for funding through Michigan Law's [2L Public Service Guarantee](#) program to support his/her work with your program. To award this funding, we need the following information from you, the employer:

Student's Name: _____

Organization/Agency Name: _____

Mailing Address: _____

Is this a non-profit or govt agency? Yes / No Will the student's work be legal in nature? Yes / No

Will the work be non-partisan? Yes / No Will the student be supervised by an attorney? Yes / No

In order to be eligible for this funding, the student must work full-time for a minimum of 10 weeks:

Expected # of Hours per Week: _____ Expected # of Weeks of the Internship: _____

Expected Start Date of the Internship: _____ Expected End Date of the Internship: _____

Salary (if any). Please indicate if the amount is per hour, per week, or a lump sum: _____

Supervisor's Name: _____ Title: _____

E-mail: _____ Phone: _____

Please verify that all the information above is complete and true to the best of your knowledge.

Supervisor's Signature

Date

- Please submit this form as soon as possible (and before June 2nd) by email to mls-psg@umich.edu, by fax to 734-763-7761, or by mail to The University of Michigan Law School, South Hall Suite 2200, 701 S. State Street, Ann Arbor, MI 48109.
- If you have any questions or concerns, please email mls-psg@umich.edu.

Thank you for welcoming this student into your program and playing a crucial role in his/her path to a career in public service!