

Attachment A: Employer Certification Form
2018 Public/Private LRAP Midyear Certification
Certifying employment through December 31, 2018

PART A: To be completed by the LRAP participant.

LRAP Participant's Name: _____

I hereby authorize my employer, _____, to provide the DC Bar Foundation with the information requested in Part B, below, in support of my participation in the (select one) Public LRAP Private LRAP in 2018.

 LRAP Participant's Signature

 Date

PART B: To be completed by LRAP participant's employer.

Please provide the following information concerning the employment status of the individual identified above.

Employer Information:

1. Employer: _____

2. Address:

3. Contact Name: _____

4. Is your organization on the DCBF eligible employer list¹ or a non-profit organization eligible for funding by the DC Bar Foundation? Yes No

LRAP Participant's Information:

1. Date of Hire: _____ 2. Job Title: _____

3. Annual Gross Salary: _____ 4. # of Hours/Week: _____

5. Is a law school degree required for this position? Yes No

6. Does this employee provide direct civil legal services to low-income DC residents? Yes No

 Authorized Signature

 Date

 Printed Name

¹Please go to <https://dcbfoundation.org/lrap/eligible-employers/> for the list of eligible employers.