

Cornell Law School
Public Interest Low Income Protection Plan II (PILIPP II)
Employer Certification

This form is to be completed by the applicant's employer. The employer must email the completed form directly to the Law School's Financial Aid Office at law.financialaid@cornell.edu by December 1. If there are any questions, please contact the Admissions and Financial Aid Coordinator, Pamala Eaton, at 607-255-5141.

Name of Employee: _____

Employee's Title: _____

Employer (Agency or Organization) Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Phone: _____ Email: _____

Employee's Salary: _____

Is the employee considered full-time? _____ Hours per week _____

Employee's start date: _____ End date (if applicable): _____

The employer Agency/Organization is a:

_____ 501 (c)(3)

_____ 501 (c)(4)

_____ 501 (c)(5)

_____ Federal/State/Local/Tribal Government Agency

_____ International NGO

_____ U.S. Based International NGO

_____ Labor Union

_____ Other (please explain):

Name of person completing this form: _____

Signature: _____

Date: _____