



Cornell Law School

Public Interest Low Income Protection Plan II (PILIPP) 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 Pilipp@cornell.edu by December 1.

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 Supervisor/Designee completing this form: _____

Supervisor/Designee's Title: _____

Signature: _____ Date: _____