



Maryland Higher Education Commission  
Office of Student Financial Assistance  
217 E. Redwood Street, 21<sup>st</sup> Floor  
Baltimore, MD. 21201  
(800) 974-0203; Fax (410) 332-0250  
TTY for the Deaf - (800) 735-2258  
www.mhec.maryland.gov

## SERVICE OBLIGATION PROGRAMS GENERAL EMPLOYMENT VERIFICATION FORM

Wes Moore  
Governor

Aruna Miller  
Lt. Governor

Cassie Motz  
Chair

Sanjay Rai, Ph.D.  
Secretary

**Return - 10 Business Days**

### **Section A - Release (To be completed by the recipient)**

Last four SSN: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_

I authorize my employer to provide the employment information the Office of Student Financial Assistance requested.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

### **Section B – Employment (To be completed by Employer)**

The above named employee was a recipient for a service obligation grant/scholarship with the Office of Student Financial Assistance. **Please complete the following section and return it to the employee.**

Job title of employee: \_\_\_\_\_ **Dates** of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Or Currently Employed** \_\_\_\_\_

If Teacher, Area of Certification: \_\_\_\_\_ Name of School: \_\_\_\_\_

**\*\*Important**  
**Number of hours worked per week:** \_\_\_\_\_

Employment status: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Name of organization: \_\_\_\_\_ Employer federal **tax-exempt** number: \_\_\_\_\_

Address: \_\_\_\_\_

Brief summary of employee's responsibilities: \_\_\_\_\_

I certify that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Employer/HR Rep.

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number : (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_