

Maryland Higher Education Commission

Office of Student Financial Assistance

217 E. Redwood Street, 21st Floor

Baltimore, MD. 21201

(800) 974-0203; Fax (410) 332-0250

TTY for the Deaf - (800) 735-2258

Return - 10 Business Days

**SERVICE OBLIGATION PROGRAMS
GENERAL EMPLOYMENT VERIFICATION FORM**

 www.mhec.maryland.gov

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: _____

****Number of hours worked per week:** _____

****Important**

Employment status: _____ Full-time _____ Part-time

Name of organization: _____ Employer federal **tax-exempt** number: _____

Address: _____

Brief summary of employee's responsibilities: _____

Signature of Employer/HR Rep

Date

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

Printed name: _____

Title: _____

Telephone number : (_____) _____

E-mail: _____