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www.mhec.maryland.gov

Return this form in 10 Business Days

SERVICE OBLIGATION PROGRAMS GENERAL EMPLOYMENT VERIFICATION FORM

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

Last Four SSN _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Mailing 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 _____
(Start*date) (End date or Current)

If Teacher, Area of Certification: _____ Name of School: _____

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

Employment status: _____ Full-time _____ Part-time

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

Address: _____ City _____ State _____ Zip code _____

Brief summary of employee's responsibilities: _____

1. Type of Organization:

_____ State or Local Government _____ Federal Government

_____ 501(c) (3) or (4) Nonprofit _____ Other Nonprofit _____ For-Profit

2A. Is the organization a:

☐ Public School ☐ Public Prekindergarten Program
☐ Licensed Hospital ☐ Nursing Home ☐ Adult Day Care Center
☐ Public Health Agency ☐ Home Health Agency ☐ None of the Above

2B. if your answer to Question 2A was None of the Above, briefly describe the services provided by your organization: _____

3. Does the organization provide services primarily to low-income or underserved Maryland residents?

☐ **Yes** ☐ **No**

4. If the employee is a Nurse, what is their specialization or area of nursing service?

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: _____
2/2016

Telephone number :(_____) _____

E-mail: _____

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