

## **Instructions for Employers: How to Complete the ISAC Employer Verification Form**

### *Human Services Professional Loan Repayment Program*

Thank you for assisting your employee with the employment verification process for this loan repayment program. Please follow the steps below to complete the Employer Verification Form:

#### **Step 1: Complete the Required Fields**

Fill out all applicable fields on the form, including:

- **Applicant Name:** Your employee's information. First name, middle initial, last name.
- **Employer Name, Address, City/State/ZIP:** The name of your agency/organization or facility and location information.

**Employer Agency Eligibility:** If you are an agency that meets the following requirement, your agency is an eligible employer for the purposes of this program: is a community-based human services agencies which has or did have a contract with, receives or received funding from, and/or is grant-funded by one or more of the following State of Illinois agencies: Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, the Department on Aging, and the Department of Public Health, and the agency has the purpose of providing direct or indirect human services.

- **Employment Information:** The employee's start date. If currently employed, please select that box. If no longer employed, please list the employee's end date.
- **Job Title:** The employee's job title in your organization. If you are a former employer and the applicant is no longer employed, please list the last job title held by the applicant.
- **Full-Time Employee:** Verify if the employee listed is currently employed full-time at your agency.
- **Annual Salary or Annualized Hourly Income:** Provide the annual (yearly) salary amount or if employee receives a wage, calculate the yearly amount they receive. Please do not add the hourly rate, rather the total amount the employee would make over the course of the year.
- **Employer Certification Statement:** The employer representative completing this form should complete this final section. The employer can determine who is authorized to complete this form.

#### **Step 2: Review for Accuracy and Completion**

Ensure all information provided is accurate and reflects the applicant's employment details with your agency/organization or facility. Incomplete or inaccurate forms will result in application processing delays and could result in the applicant being found ineligible for this program.

#### **Step 3: Sign and Date the Form**

The authorized employer representative must **sign and date** the form.

#### **Step 4: Return the Form**

Return the completed form to the applicant for inclusion in their application materials.



**Illinois Student Assistance Commission Human  
Services Professional Loan Repayment Program  
Employer Verification Form**

*WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.*

The Human Services Professional Loan Repayment Program requires that an applicant have worked for at least 24 consecutive months immediately prior to applying for this program, if they are a new applicant or 12 months prior if they are a renewal applicant, as a human services professional in a community-based human services agency that meets the agency requirements (see below for qualifications).

**INSTRUCTIONS:** This form can be used by an applicant's current or former employer to provide employment information on the applicant. The applicant's **EMPLOYER** must complete and sign this form on the applicant's behalf. Once completed, the form may be returned to the employee for inclusion in their application submission. Please note that information gathered on this form is required for determining program eligibility so please ensure accurate responses. An applicant cannot be considered for an award until the completed application (which includes this form) is received by ISAC.

**APPLICANT INFORMATION**

APPLICANT NAME

**EMPLOYER INFORMATION**

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY/STATE/ZIP

EMPLOYER AGENCY ELIGIBILITY      Yes      No

\*Agency Eligibility Criteria: is a community-based human services agencies which has or did have a contract with, receives or received funding from, and/or is grant-funded by one or more of the following State of Illinois agencies: Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, the Department on Aging, and the Department of Public Health, and the agency has the purpose of providing direct or indirect human services.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employment Start Date

Employment End Date

**OR** Currently Employed

Job Title

Full-Time Employee      Yes      No

Annual Salary or Annualized Hourly Income

\*Note: Not the hourly wage amount. Total income for the year.

**EMPLOYER CERTIFICATION (TO BE SIGNED BY THE EMPLOYER)**

By providing a signature below, I certify that (1) the information in this document is true, complete, and correct to the best of my knowledge and belief, (2) I am an authorized representative of the organization named in this document, and (3) the applicant named in this document is or was an employee of the organization named in this document.

Employer Representative Name

Employer Representative Job Title

Employer Representative Phone

Employer Representative Email

Signature

Date