

# University of Michigan Law School 2L Public Service Guarantee Employer Verification

Student Name

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Organization Name

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Organization Address

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Address Line 2

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City, State Zip

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Phone Number

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E-mail Address of Supervising Attorney

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Expected dates of employment From:

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to:

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Expected # of hours per week

Expected # of weeks of employment

Will the work be legal in nature?

Yes  No

Will the student be supervised by an attorney?  Yes  No

Salary (if any) Per hour

Per week

Lump sum

Is your organization a non-profit or government agency?  Yes  No

Comments

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

Name and title of supervising attorney

Signature of supervising attorney

This form is required for students to receive funding from Michigan Law School in support of nonprofit and/or government legal work. Forms may be submitted via e-mail, fax, or mail. Please [e-mail](mailto:mls-psg@umich.edu) mls-psg@umich.edu with any questions or issues. Thank you for your assistance.

Return to: University of Michigan Law School  
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Ann Arbor, MI 48109-3091

Fax: 734-763-7761

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