



NYS Licensed Social Worker Loan Forgiveness (LSWLF) Program

EMPLOYMENT VERIFICATION FORM

Name: _____

Employer Instructions: The above-named individual has applied for the New York State Licensed Social Worker Loan Forgiveness Program, administered by the NYS Higher Education Services Corporation (HESC), and has identified you as their employment contact during the 2025 calendar year.

This two-page form must be completed, signed and returned to the HESC Loan Forgiveness Unit within 10 business days at LFProgram@hesc.ny.gov. Please send inquiries to the Loan Forgiveness email.

1. Employee Address of Record: _____

Street

City

State

Zip Code

2. Employee Job Title: _____

3. Employment Information:

Directions: complete the chart below with the following details

1. Each address where the employee provided social work services during the 2025 calendar year.
2. The county of each location.
3. The employee's employment period at each location.
4. The number of hours worked per week at each location.
5. The field of practice (such as homecare, health, mental health, substance abuse, aging, HIV/AIDS, child welfare concerns, and multi-lingual community).

Local Address	County	Employment Period	# hours worked per week at this location	Field of Practice

*Attach additional sheets, similarly formatted, if necessary.

4. Absences: Please report any unpaid absences during the previous year below:

Date absence started:	Date absence ended:

5. Employer Information:

Name of Employer: _____

Employer Address: _____
Street

City State Zip Code

Employer Certification

The information provided on this Form and any attachments are true and complete to the best my of knowledge based on the employer's books and records maintained in the ordinary course of business. I understand that the information provided and the representations I have made will be relied upon by HESC in connection with the above-named individual's application for the above referenced Program and will be made a part of his or her official record maintained by HESC.

Signature of Personnel completing this form: _____

Print Name: _____

Title: _____

Telephone Number: ____ - ____ - ____ -ext. ____

Email Address: _____

Date: _____