



ANDREW M. CUOMO
Governor

NYS Licensed Social Worker Loan Forgiveness Program (LSW) Employment Verification Form

Applicant: If you have more than one employer, a separate form must be completed for each. Both sides of this form must be completed and returned to HESC using one of the following options:

- Email: scholarships@hesc.ny.gov
- Fax: 518-474-2839 to the attention of the Scholarship Unit
- Mail: NYS Higher Education Services Corporation, Scholarship Unit, 99 Washington Avenue, Albany, NY 12255

Employer: Contact the HESC Scholarship Unit, 888-697-4372 or scholarships@hesc.ny.gov, with questions.

Please print all responses.

Note: Employer’s signature must be notarized on the reverse side before this form is returned to HESC.

Applicant Name (include maiden name, if applicable): _____

Employer to complete:

Applicant Address of Record: _____

Job Title: _____

Job Description: (please provide a description of duties; attach additional sheets if necessary):

Eligible Employment Verification

Applicant: In the chart below, list all of the eligible locations where social work services were provided during the last calendar year. Instructions for finding eligible service areas can be found at hesc.ny.gov/WorksiteEligibility.

Employer: In the chart below, indicate the applicant’s employment period and number of hours worked per week at each eligible location.

Completed by Applicant		Completed by Employer	
Eligible location address	County	Employment period	# hours worked per week at this location

* Attach additional sheets, similarly formatted, if necessary.

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Absences

Employer: Please report any absences greater than 42 consecutive days (paid and unpaid) below:

____/____/____ - ____/____/____

____/____/____ - ____/____/____

Certification

Employer: All of the information provided on this Form and any attachments are true and complete to the best of my knowledge. I understand that the information provided and the representations made will be relied upon by the New York State Higher Education Services Corporation.

Employing Agency/Organization: _____

Employing Agency/Organization Address: _____

Print Name of Applicant's Supervisor: _____

Title: _____

Telephone Number: _____ - _____ - _____ ext. _____

Email address: _____

Supervisor's Signature: _____

Date: _____

Acknowledgment

STATE OF NEW YORK)
COUNTY OF _____) ss:

On this ____ day of _____, 2____, before me came _____, personally known to me or proved to me by satisfactory evidence to be the individual whose name is subscribed in this Employment Verification Form, and said individual acknowledged to me that he/she executed this Employment Verification Form in his/her capacity as _____ of _____.

Notary Public, State of New York