State of New Mexico

Higher Education Department

Health Professional Loan Repayment Program (HPLRP)

EMPLOYMENT VERIFICATION FORM

THIS DOCUMENT MUST BE RECEIVED VIA EMAIL BEFORE 4/15/2020 (extended to 4/30/20)

PARTICIPANT:

Printed First Name: _____ Printed Last Name: _____ MI: _____

Participant Address_____City_____State_____Zip Code_____

Last four digits of SS#:_____ Current Email Address: _____

Title: _____ Daytime Phone Number: _____

Loan Provider: _____ Account Number: _____

Loan Provider Address_____City_____State_____Zip Code_____

I hereby certify that I have completed this service quarter as required by my contract seek payment. By signing this Employment Verification Form electronically, you acknowledge and agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By using any device, means or action, you consent to the legally binding terms and conditions of this Employment Verification Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office. Your signature certifies that you certify all information on the form is true to the best of your knowledge.

_____ _____

Participant Signature **Date**

***Loan provider cannot be changed without prior written 60 day notification to the department.**

EMPLOYER:

Employer/Institution/Facility: _____

Name of Person Completing Form: _____ Title of Person Completing Form: _____

Employer Email Address: _____ Employer Phone Number: _____

Name of Employee: _____

I _____ certify that the named participant above has completed continuous employment in good standing for the period: **1/1/2020** thru **3/31/2020** for an average of _____ hours per week and an average of 13 weeks per calendar quarter, including paid leave, or any combination of hours and weeks, as further specified in the Loan Repayment Participation Agreement executed with the Higher Education Department.

By signing this Employment Verification Form electronically. You acknowledge and agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By using any device, means or action, you consent to the legally binding terms and conditions of this Employment Verification Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office. Your signature certifies that you certify all information on the form as true to the best of your knowledge.

_____ _____

Approved Employer Signature **Date**

NOTARY: **This Section is not required at the present time due to COVID-19. The notary section will continue in the future.**

Please complete in full, scan and email to fin.aid@state.nm.us **on or before April 30, 2020.** Employment Verification Forms received after April 30, 2020 will not be accepted. Forms submitted prior to the dates indicated above will not be accepted. Faxed and mailed copies will NOT be accepted. For questions please contact the New Mexico Higher Education Department at fin.aid@state.nm.us.