



The Commonwealth of Massachusetts
Department of the State Treasurer
Commonwealth Covenant Fund
Boston, Massachusetts 02108-1608

Employee Certification Form
(To be filled out by employee)

I, _____ (name) am currently a full-time employee at _____ (organization and industry code) as a _____ (job title)

I became a full-time employee on _____ (mm/dd/yyyy) with a starting **annual** salary of \$_____.

I, the undersigned, attest under the pains and penalties of perjury, that all of the statements on this form are true. I further understand that if I misrepresent or provide false information, my loan forgiveness will be revoked and all monies received thus far will become a loan that must be paid back immediately, in addition to other legal remedies, at the discretion of the State Treasurer's Office.

Furthermore, my signature releases my employer _____ to certify the dates and salary of my employment.

Date: _____ Signature: _____

(To be filled out by an HR Specialist)

Name: _____

Title: _____ Phone: _____

E-Mail: _____

Date: _____ Signature: _____