

PROOF OF EMPLOYMENT FORM

This form will need to be submitted each month by approved recipients as proof of continued employment as an eligible prosecutor or public defender.

OFFICE OF PUBLIC ADVOCACY

**JOHN R. JUSTICE (JRJ) PROGRAM
PROOF OF EMPLOYMENT FORM**

MONTH & YEAR:	
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RECIPIENT NAME:	
Fiscal Year Grant:	

SECTION A: EMPLOYMENT INFORMATION

Employer Name: _____

Supervisor Name: _____ **Title:** _____

Supervisor Telephone #: _____ **Supervisor Fax #:** _____

Supervisor Email: _____

SECTION B: EMPLOYMENT SERVICE

Position Title: _____

Hire Date: _____ **Position Status:** _____

SECTION C: CERTIFICATION

I certify that all information provide above is true and accurate as of this date. I acknowledge that falsified information could result in the termination of such contract under the JRJ Program.

Applicant Signature: _____ **Date:** _____

I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date.

Supervisor Signature: _____ **Date:** _____

Submit by the 5th of each month by email to beth.goldstein@alaska.gov or by fax to (907) 269-1071. Attach Statement Due Sheet from lending institution as well for proof of loan payment information.