



**Great Minds Fellowship Workforce Commitment Incentive Program
Employment Verification Form**

SECTION 1: TO BE COMPLETED BY THE RECIPIENT

Instructions: This form is to confirm your one-year employment at an Ohio Community Behavioral Health Center as required by the Great Minds Fellowship Workforce Commitment Incentive Program (Great Minds WCIP) and the promissory note you signed with the Ohio Department of Higher Education. You must complete Section I of this form and forward to the employing Ohio Community Behavioral Health Center for the completion of Section III. If you have multiple eligible employers during this time, please have each employer complete the information required in Section III. If your employment does not equal one year, please provide additional evidence and documentation that explains the gaps in employment. Upon receipt of this completed form(s) and supporting documentation, the Office of Financial Aid division of the Ohio Department of Higher Education will determine the recipient's eligibility for loan cancellation. The recipient will be informed by email of their eligibility. **PLEASE COMPLETE LEGIBLY.**

Name of Recipient:	SSN: XXX - XX - _____ <small>(last four digits only)</small>
Address of Recipient:	(Last) (First) (Middle) (Street) (City) (State) (Zip Code)
E-mail address:	Area Code / Phone Number:
<p><i>MY SIGNATURE BELOW SERVES AS APPROVAL FOR THE RELEASE OF ANY INFORMATION REQUESTED IN SECTION III OF THIS EMPLOYMENT VERIFICATION FORM TO THE OFFICE OF FINANCIAL AID DIVISION OF THE OHIO DEPARTMENT OF HIGHER EDUCATION.</i></p>	
Signature:	Date:

SECTION 2: FOR OHIO DEPARTMENT OF HIGHER EDUCATION OFFICE USE ONLY

Date Received	Community Behavioral Health Center	Date of Employment	Eligible? (Y/N)
Processed By:		Date:	

NAME OF RECIPIENT: _____

SECTION 3: TO BE COMPLETED BY PERSONNEL OFFICIAL OF THE COMMUNITY BEHAVIORAL HEALTH CENTER

The above named employee was awarded a loan repayment through the Great Minds Fellowship Workforce Incentive Program (Great Minds WCIP). To assist the Office of Financial Aid in verifying this recipient's eligibility for loan cancellation, we are requesting that you provide the following information. The recipient's signature in Section I of this form is releasing you to provide this information. If you have any questions, please contact the Program Manager email GreatMindsWCIP@highered.ohio.gov. This completed form should be returned to:

Ohio Department of Higher Education
Great Minds WCIP - Program Manager
Email: GreatMindsWCIP@highered.ohio.gov

Or by Mail / Fax:
25 South Front Street
Columbus, Ohio 43215
Fax: 614-466-5866 / 614-752-5903

Name of Employer:		Area Code / Phone Number:	
Address of Employer:		County:	
City:	State:	Zip Code:	
Date of Recipient's Employment:	_____	To	_____
	Month/Day/Year		Month/Day/Year
During this timeframe, on average how many hours did the recipient work per week? _____			
Comments:			
<i>MY SIGNATURE CERTIFIES THAT THE INFORMATION PROVIDED IN SECTION III OF THIS EMPLOYMENT VERIFICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</i>			
Signature of Personnel Officer / Supervisor:		Date:	
Type/Print Name and Title:			
Type/Print Email Address:			
(Street)	(City)	(State)	(Zip Code)
Full Mailing Address:			Area Code / Phone Number: