
PSLF Form 2024

Borrower Information

1. Name: _____
2. Federal Student Loan Account Number: _____

Qualifying Employment Verification

- Employer's Name: _____
- Period of Employment: From _____ To _____
- Hours Worked Per Week: _____

Employment Status

- Full-Time Employee: (Checkbox) Yes No
- Employer's Federal Tax ID: _____

Employer Certification

- Authorized Signature: _____
- Title: _____
- Date: _____

Table for Additional Details

Year	Position	Salary	Full-Time Equivalent
