

Borrower Name _____ Borrower SSN _____

SECTION 3: BEFORE YOU BEGIN

- We highly recommend that you complete this form online by going to [StudentAid.gov/pslf](https://studentaid.gov/pslf). Doing so allows you to search for your employer using the PSLF Employer Database to prepopulate this form. You are also able to submit this form if your employer electronically certifies your employment.
- You should complete this form annually or any time you change employers or have a change in your employment status.
- Review the instructions in Section 6 before you complete the remainder of this form.

SECTION 4: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Federal Employer Identification Number (FEIN/EIN): 95-6002227
2. Employer Name: Palomar Community College District
3. Employer Address:
Street: 1140 W. Mission Rd.
City, State, Zip Code: San Marcos, CA 92069
Employer Website (if any): https://www2.palomar.edu
4. Employment Period:
Employment or Certification Begin Date: _____
(mm/dd/yyyy)
Employment or Certification End Date: _____ OR ☐ Still Employed
(mm/dd/yyyy)
5. Employment Status: ☐ Full-Time ☐ Part-Time
6. Average hours per week: _____
- ☐ Check this box if your employer cannot be contacted because the organization has closed or is unable to certify your employment, and skip to Section 5B.

SECTION 5A: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

Terms in **Bold** are defined in Section 7.

By providing an **acceptable signature** below, I certify that (1) the information in Section 4 is true, complete, and correct to the best of my knowledge and belief (see Section 6 for instructions), (2) I am an **authorized official** of the organization named in Section 4, and (3) the borrower named in Section 1 is or was a **direct employee** of the organization named in Section 4; or is or was employed under a contract or by a **contracted organization** in a position or providing services that, under applicable state law, cannot be filled or provided by a direct employee of the organization named in Section 4.

Note: If any of the information is crossed out or altered in Section 4 or 5A, the authorized official must initial those changes.

Official's Name Zirze Cordova 760-744-1150 x2609
Official's Title: Administrative Specialist II, Human Resources Official's Email: HRhelp@palomar.edu

Authorized Official's Signature _____ Date _____
(mm/dd/yyyy)

SECTION 5B: ALTERNATIVE DOCUMENTATION FOR EMPLOYMENT CERTIFICATION (*only if Section 5A cannot be completed*)

If you cannot obtain certification from your employer because the organization is closed or because the organization is unable to certify your employment and indicated that by checking the box above on this form, you can submit alternative documentation that may allow your employment to be certified. See Section 6 for more information. If this form is submitted without the necessary supporting documents, the PSLF servicer will contact you to request additional information before your employment can be certified.