



EMPLOYMENT FORM

Please Print

Name: _____ **ID#:** _____
Last First MI

Academic Year _____ / _____ **Credit Hours Enrolled:** _____

Hours Worked Per Week: _____

Employer: _____

Address: _____

Work Tel: (____) _____

All Students Must Sign the Section Below:

1. I acknowledge that I am aware of the American Bar Association (ABA) rule limiting outside employment for full time students to no more than 20 hours per week during the school year and I certify that I will abide by that rule.

2. I understand that I must notify the law school and complete a new employment form per semester or if the above information changes during the semester.

Signature

Date

Return completed form to TMSLAW Registrar's Office * LSB 214 A