

Borrower Name Michelle Wright Borrower SSN 521-65-4264

SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Employer Name: Denver Public Schools
2. Federal Employer Identification Number (FEIN) 84-6001099
3. Employer Address: 1860 Lincoln St.
Denver, CO 80203
4. Employer Website (if any): www.dpsk12.org
5. Employment Begin Date: 09/01/2002
6. Employment End Date: _____
- OR
- ☒ Still Employed
7. Employment Status: ☒ Full-Time ☐ Part-Time
8. Hours Per Week (Average) 40
- Include vacation, leave time, or any leave taken under the Family Medical Leave Act of 1993.
9. Is your employer a governmental organization?
- A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps. Federal service includes military service.
- ☒ Yes - Skip to Section 4.
- ☐ No - Continue to Item 10.
10. Is your employer tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC)?
- If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.
- ☐ Yes - Skip to Section 4.
- ☐ No - Continue to Item 11.
11. Is your employer a not-for-profit organization that is not tax-exempt under Section 501(c)(3) of the Internal Revenue Code?
- ☐ Yes - Continue to Item 12.
- ☐ No - Your employer does not qualify.
12. Is your employer a partisan political organization or a labor union?
- ☐ Yes - Your employer does not qualify.
- ☐ No - Continue to Item 13.
13. Which of the following services does your employer provide? Check all that apply and then continue to Section 4. If you check "None of the above", do not submit this form.
- ☐ Emergency management
- ☐ Military service (See Section 6)
- ☐ Public safety
- ☐ Law enforcement
- ☐ Public interest legal services (See Section 6)
- ☐ Early childhood education (See Section 6)
- ☐ Public service for individuals with disabilities
- ☐ Public service for the elderly
- ☐ Public health (See Section 6)
- ☐ Public education
- ☐ Public library services
- ☐ School library services
- ☐ Other school-based services
- ☐ None of the above - the employer does not qualify.

SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

By signing, I certify (1) that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, (2) that I am an authorized official (see Section 6) of the organization named in Section 3, and (3) that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name Nadriene L. Jackson Official's Phone 720-595-5490 (cell) 720-423-3307

Official's Title Executive Director, Secondary Schools Official's Email nadriene.jackson@dpsk12.net

Authorized Official's Signature Nadriene L. Jackson Date 08/29/2022