CERTIFICATION OF EMPLOYMENT IN PUBLIC SERVICE

I hereby certify that _____ (RUA No.:_____) is
First name Last names
currently employed at the government agency indicated below; that the attorney has not tendered his/her resignation as of the date of this certification nor is there presently any order in place to remove him/her from service; ☐ that the nature of the office held enjoins him/her from engaging in private practice; ☐ that the aforementioned is a public service employee who is enjoined from engaging in private practice; ☐ that the aforementioned is a public service employee who may engage in a limited private practice after working hours, where it poses no conflict of interests. I further certify that the information provided herein is correct.[1]

Attorney's status:

☐ Holds public office, whose term expires on _____ / ___ / _____
month day year

☐ Full-time employee

Name of government agency: _____

Contact information of the person authorized to issue this certification:

Full name:_____ Position:_____

Telephone:_____ Email:_____

Signature:_____ Date of certification:_____ / __ / _____
month day year

GOVERNMENT AGENCY
OFFICIAL STAMP

[1] See Rules 7(a)(5) and 7(b)(4) of the Rules for the Appointment of Counsel in Puerto Rico.