

Request For Student Loan Repayment Benefit

Under the Student Loan Repayment Program, 5 U.S.C. 5379

Privacy Act Notification Statement: Collection of this information is authorized under 5 U.S.C. 5379. The purpose of collecting the information is to establish terms under which an individual receives a student loan repayment benefit under the Student Loan Repayment Program. The information will be used as a basis for payroll actions. This information may be disclosed to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, the Department of Labor for worker compensation claims and the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, this information may be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress. The request for this information is voluntary, however, if information is not provided it could preclude the processing of the student loan repayment benefits request. Statement is pursuant to the *Privacy Act of 1974 (P.L. 93-597)*

Name	Social Security Number	Date (mm/dd/yyyy)
Title	Series/Grade/Step	Type of Appointment & NTE Date

<p>Student Loan Repayment Benefit Year Number (Check One)</p> <p>Initial: 1 2 3</p> <p>Extension: 4 5 6 Other</p> <p><i>NOTE: Loan repayment requests are considered one year at a time on a calendar-year basis. Attach Initial Service Agreement to all subsequent requests.</i></p>	<p><i>Loan(s) Outstanding at the time of the initial service agreement (year 1)</i></p> <p>\$</p> <p>For years 2 through 6, in addition to the above</p> <p><i>Current Balance of Outstanding Loan \$</i></p> <p>Check here if the initial service agreement is being modified to include additional outstanding loans <i>Loans must be outstanding prior to the signing of the initial service agreement or upon modification or extension of the service agreement prior to the next repayment benefit.</i></p>
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<p>Student Loan Repayment Benefit Amount Requested Now (Gross, no commas)</p> <p>\$</p>	<p>Student Loan Repayment Benefit Received to Date (Gross, no commas)</p> <p>\$</p>
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Total Student Loan Repayment Benefit Amount **Requested** and *Received to Date* (Gross)

\$

NOTE: The repayment benefit is in gross dollars. The amount forwarded to the lending institution on behalf of the employee is in net dollars, after taxes. The employee is responsible for the taxes portion of the repayment.

Is the Employee Currently Receiving a Physician's Comparability Allowance (PCA)

Yes No

PCA Amount, If Applicable* \$

**Physician's Comparability Allowance must be reduced by the amount equal to the loan repayment assistance (5 CFR 595.105).*

Recommending Official (Name/Title)	Signature	Date (mm/dd/yyyy)
Certification of Funds (Admin. Officer/Office)	Signature	Date (mm/dd/yyyy)
Approving Official (IC Director or Designee)	Signature	Date (mm/dd/yyyy)
Human Resources Official (CSD Branch Chief)	Signature	Date (mm/dd/yyyy)
NIH OER, Division of Loan Repayment (Name/Title)	Signature	Date (mm/dd/yyyy)