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/YY)*
Position Title	Series/Grade/Step	Type of Appointment

Student Loan Repayment Benefit Year (select one) 1 (Initial Request)　2　3　4　5　6	Attach Initial Service Agreement to all subsequent requests. Note:　Loan repayment requests are considered one year at a time on a calendar-year basis.
<u>Loan Outstanding at the time of the initial service agreement</u> (year 1) $ _____ For years 2 through 6, in addition to the above: <u>Current Balance</u> of Outstanding Loan: $ _____ *NOTE: Attach an official account statement from the lending institution documenting the initial loan balance, type of loan, and the current loan balance. Loan repayment benefits will not exceed the initial loan balance for the service period, including extensions, if any.*	Student Loan Repayment Benefit amount **requested now** (gross): $ _____ Student Loan Repayment Benefit **received to date** (gross)*:* $ _____ Total Student Loan Repayment Benefit 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.*

Compensation*:

Base/Locality Pay.. $ _____

Other Continuing Pay (e.g., PDP, retention allowance)....$ _____

Physician's Comparability Allowance (if applicable)** ......$ _____

Other Payments, e.g., lump sum payments......................$ _____

　　　　TOTAL COMPENSATION............... $ _____

Student Loan Repayment Benefit Amount Requested......$ _____

*　Total Title 5 compensation cannot exceed Executive Level I salary per calendar year. This aggregate limitation on pay applies to direct payments made to the employee. Student loan repayments are paid directly to the lending institution on behalf of the employee, therefore, the student loan repayment benefit is not part of the employee's total compensation.

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

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

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