

Student Loan Repayment Package Checklist

Employee Name: _____ Requesting IC: _____

- NIH 2851-1:** Request for Student Loan Repayment Benefit (most current version)
 - Ensure that the "Student Loan Repayment Benefit Amount requested now" is equal or less than the Current Balance of the Outstanding Loan
 - All signatures except for OER-DLR should be signed
- NIH 2581-2:** Student Loan Repayment Program Service Agreement (most current version)
- NIH 2581-3:** Outstanding Loan Information
 - Applicant's signature
- Student Loan Repayment Form**
- Official Loan Documentation From Lending Institution/Account Statement**
 - Loan approval date
 - Loan type(s)
 - Current loan balance
 - Repayment status/No Late Fees
 - Borrower's name
 - List of loans
 - Statement date (within 30 days); 10 day payoff amount if a loan is to be paid off
 - Payment mailing address (Note: Payment mailing address is different from the correspondence address)
- Consolidation Promissory Note (if applicable)**
 - Borrower's name
 - List of included loans
 - Loan types
 - Loan date
 - Loan amount
 - Signature of borrower(s)
 - In lieu of the Consolidation Promissory Note, we can accept a lender statement showing all the information listed above or indicating that the Consolidation loan and all the loans included in the consolidation are Federal loans and solely owned by the SLRP applicant.
- PLUS Promissory Note (if applicable, lender statement may be submitted in lieu)**
 - Borrower's name
 - Student's name
 - Loan date
 - In lieu of the PLUS Promissory Note, we can accept a lender statement showing all the information listed above
- Justification Memorandum**
 - Signed by the recommending official
 - Candidate's qualification and eligibility
 - In absence of a SLRP incentive, the candidate would be unwilling to accept the position
 - The NIH would have difficulty filling the position if the candidate were to decline the position
 - Justification factors for the specific amount of the student loan repayment
 - Salary levels reported in published surveys for comparable non-Federal positions
 - Salary survey benchmarked to Federal positions
 - Current non-Federal salary of the candidate
 - Salary documented by a non-Federal competing job offer (if applicable)
 - Disparity in cost of living between the candidate's current residence and proposed duty station
 - Severity of the recruiting problem
 - Urgency of the position being filled, effect on the agency if not filled
 - Projected cost of further recruitment efforts if the candidate does not accept

- Extent of the individual's past experience that makes the employee an exceptional candidate
- o Evidence of need
 - Unique qualifications that make if essential to retain the employee
 - Employee is likely to leave Federal service if the employee does not receive student loan repayment benefits
- Rationale for the Amount**
- OER Letter to Confirm Loan Balance and Compliance with SLRP Provisions**

STUDENT LOAN REPAYMENT FORM ** Highlighted fields keep large and legible

I have attached the following Student loan package for processing:

****Please attach SF50 ****

NAME: _____ SSN: _____

Process effective date: _____

Student Ln Acct No: _____

STUDENT LOAN PAYMENT SHOULD BE PAID AS THE FOLLOWING:

Amount of Student Loan to be paid: _____

Payment Type: Lump Sum Bi-Weekly

Student loan payment should Check EFT ****not available**

Number of yrs to make loan payments: _____ Number of loan payments per year: _____

ADDRESS TO WHERE PAYMENT IS TO BE SENT:

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Cd: _____

IF STUDENT LOAN PAYMENT IS TO BE SUBMITTED BY ELECTRONIC FUND TRANSFER:

NO EFT AVAILABLE AS OF YET
FOR DFAS-CLEVELAND OFFICE**

Please Check the following: Checking Savings

Bank routing number: _____

Bank Account number: _____

AUTHORIZED SIGNATURE: _____

REMARKS: _____

PRIVACY ACT NOTICE

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED and may contain personal information covered by the Privacy Act of 1974. It must be protected from unauthorized access, use or distribution. If you are not the addressee, or a person authorized to deliver the document to the addressee, you are hereby notified that any review, disclosure or dissemination, copying, or other action based on the content of this communication is not authorized. If you have this document in error please destroy immediately and notify sender by e-mail, fax, or telephone.

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

<p>Student Loan Repayment Benefit Year (select one)</p> <p>1 (Initial Request) 2 3 4 5 6</p> <p><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>Attach Initial Service Agreement to all subsequent requests.</p> <p>Note: Loan repayment requests are considered one year at a time on a calendar-year basis.</p>
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<p><u>Loan Outstanding at the time of the initial service agreement</u> (year 1)</p> <p>\$ _____</p> <p>For years 2 through 6, in addition to the above:</p> <p><u>Current Balance</u> of Outstanding Loan: \$ _____</p> <p><i>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.</i></p>	<p>Student Loan Repayment Benefit amount requested now (gross):</p> <p>\$ _____</p> <p>Student Loan Repayment Benefit received to date (gross):</p> <p>\$ _____</p> <p>Total Student Loan Repayment Benefit requested and received to date (gross):</p> <p>\$ <u>0.00</u></p> <p><i>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.</i></p>
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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 \$ 0.00

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).

Recommending Official	Title	Date
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

Student Loan Repayment Program Service Agreement

NAME (<i>Print or type first, middle, last</i>)	Social Security Number	Institute or Center	Date
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In consideration of the student loan repayment benefit for which I qualify under 5 U.S.C. 5379 as implemented by the regulations of the U.S. Office of Personnel Management (5 CFR, Part 537), the policies of the Department of Health and Human Services, and the National Institutes of Health, I hereby agree:

1. To serve at the Department of Health and Human Services (HHS) for 3 years (initial contract) or 1 year extensions.
2. The amount of the student loan repayment benefit is \$_____ (up to \$10,000). I understand that the commitment to repay my loan is for one year, subject to yearly extensions.
3. If student loan repayment benefits are made in the 2nd or 3rd year, my service agreement will not be extended.
4. If student loan repayment benefits are made beyond 3 years, my service agreement will be extended by one year for each payment made beyond the 3rd year.
5. The service agreement is effective _____ (month/day/year) through _____ (month/day/year).
6. I understand that the amount of student loan repayment will not exceed the loan balance outstanding (disbursed by the lending institution) at the signing of this service agreement, for the period of this service agreement and extension, if applicable.
7. That in the event I voluntarily leave HHS, or in the event that I am involuntarily separated for misconduct or performance before completing the agreed upon period of service, I will be indebted to the Federal Government and must reimburse HHS for the full amount of any student loan repayment benefits received under this service agreement.
8. I am responsible for making loan payments on the portion of the loan that continues to be my responsibility.
9. The student loan repayment benefits made do not exempt me from my responsibility and/or liability for the loan.
10. I am responsible for any income tax obligation resulting from the student loan repayment benefit.
11. HHS/NIH is not responsible for any late fees assessed by the lender if the student loan repayment benefit is not received on time.
12. The student loan repayment benefits made on my behalf from the Federal Government will not exceed \$10,000 per calendar year or the lifetime maximum amount of \$60,000.
13. This service agreement in no way constitutes a right, promise, or entitlement for continued employment or noncompetitive conversion to the competitive service. Acceptance of this agreement does not alter the conditions or terms of my employment; accordingly, this agreement will not preclude nor limit the Agency from effecting personnel actions as may be appropriate.
14. Other condition(s) agreed to by the employee and the NIH:

I AGREE TO THE TERMS OF THIS SERVICE AGREEMENT:

Signature	Name (<i>print/type</i>)	Date
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Privacy Act Notification Statement

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Authority for Collection of Information: 5 U.S.C 5379.

Purpose and Uses

The main purpose for collecting the information requested on the above mentioned form is to establish the terms under which an individual receives a student loan repayment benefit under the Student Loan Repayment Program. The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for worker compensation claims.

This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therefore, may also 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.

Information Regarding Disclosure of Your Social Security Account Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate on to the other. In this regard, it is also used by the HHS to locate records in order to respond to lawful requests for information from former employers, educational institutes, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive an allowance because payroll would be unable to process the necessary actions.

Human Resources Review

Signature <i>(CSD Branch Chief)</i>	Name <i>(print/type)</i>	Date
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Outstanding Loan Information

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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)
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▶ The following information is required for each lender of a loan(s) being considered under the Student Loan Repayment Program.

1. Loan Information—An official document/letter (such as the promissory notes and account statements) from the loan institution providing the above loan information must be attached to this form.

a. Name of the Federally funded loan received, e.g., Federal Stafford Loan, Federal Plus Loan, Federally Insured Student Loan, etc.

b. Date Loan was obtained	c. Remaining Balance of Loan
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2. Name, address, and telephone number for the lending institution holder of the loan, i.e., bank, educational institution, etc.

a. Name, Address, City, State	b. Telephone Number
	c. EFT Routing Number

3. Name, address, and telephone number of servicing agent of the loan to whom payments are sent (if different from #2).

a. Name, Address, City, State	b. Telephone Number
	c. EFT Routing Number

4. Name, job title, and telephone number of authorized official for the Lending Institution.

a. Name	b. Job Title	c. Telephone Number
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5. Federal Tax Identification Number or EIN for the lending institution (Required for sending payments):

<p>Certification by Applicant/Borrower: I hereby certify that the information provided on this form is true, complete and accurate to the best of my knowledge. This information does not omit any material fact which would render the false or fraudulent statements as a result of the omission. I am aware that any false or fraudulent statements may be grounds for removal from the program and/or repayment of the loan(s) and any other disciplinary action. I also authorize the NIH Loan Repayment Program, on my behalf, disclosure of my information to the lenders and their authorized collection agents to confirm that my loans are current in their repayment status.</p>	Name
	Title
	Date