



Washington State Health Professional Loan Repayment Quarterly Service Verification Form Instructions

LOAN REPAYMENT RECIPIENT (to be completed by the recipient)

- If you work at multiple sites, you must submit a separate form for each site.
- Identify the quarter that you just completed.
- Your signature is a legal certification that you have worked at the eligible loan repayment site as identified on your form, and that you have fully applied program funds to the eligible lender(s) identified in your online application.
- You must sign and date the form **on or after** the last day of the quarter.
- If your loan balance is less than your normal payment, you must designate the payoff amount. Your payment will be adjusted accordingly. If your loans are paid in full, you must indicate this.

DEFINITION OF FULL-TIME EMPLOYMENT

- Use the **full-time employment** definition included on the Service Verification Form.
- Federal contract recipients (FSLRP) are limited to a **maximum of 35.7 days per contract year** away from the clinic.
- State contract recipients (HPLRP) are limited to a **maximum of 40 days per contract year** away from the clinic.
- Days away from clinic include all leave: holidays, vacations, sick leave, training, and any other leave. If you exceed that limit your account will go into default status. Approved FMLA recipients are put on a deferment and receive a contract amendment.
- Contract year is July 1–June 30 (or whatever is stated on your individual contract).

EMPLOYER SECTION (to be completed by the site administrator)

- **Site Name:** the physical site where recipient works. If recipient works at more than one site, submit a separate form for each site.
- Site administrator is responsible for reviewing and certifying the hours worked.
- Check the **“Full time”** box if the recipient was scheduled for and worked 40 hours every week during the quarter.
- Check the **“Less than 40 hours per week”** box if the number of actual hours worked during the quarter by the recipient is less than full time; if recipient is submitting their final form before the end of the quarter; or if recipient normally works full time but was on extended leave during the quarter.
 - Recipients with a state/federal contract (FSLRP) must work a minimum of 40 hours per week. Recipients with a state contract (HPLRP) must work a minimum of 24 hours per week.
 - When calculating hours for the quarter, count the number of scheduled/paid hours. Do not count overtime or on-call hours.
- **Is/was on extended leave:**
 - Enter the dates the recipient went on leave and the date they returned or are expected to return to work.
 - Identify the number of hours of paid leave or unpaid leave for the quarter.
- You must enter days away from the clinic. This includes all leave: sick, vacation, holiday, continuing education, FMLA and other.
- The administrator should complete/sign/date the form **after** the recipient has signed/dated.
- The administrator **is required to keep the original copy** of the service form. When program staff performs site visits, we will review these forms and compare them to the copies the office received.

ADDITIONAL PROGRAM INFORMATION

- Forms must be mailed, faxed, or scanned and emailed within 14 days after the end of the completed quarter by the administrator, **not the recipient**. Allow 14-20 business days for the payment to be processed.
- If the form is received more than 30 days after the end of the quarter, the processing time might be extended and payment will be delayed accordingly. Payments are made in batches, not individually.
- It is the recipient’s responsibility to contact DES (see form for details) for any changes to name, address, or bank account information. If the account information is not current with DES, it will cause the payment to be delayed. Program staff **cannot** make these changes; the recipient must contact DES directly.
- Occasionally you will receive a paper check even if you have direct deposit. The reason for this is the state is required to verify your banking information every 90 days. During that period, while DES is contacting your bank, they “freeze” the direct deposit option. If a payment is processed during this period, a paper check will be issued. That is why you must make sure you have updated DES with your current address. Otherwise the check will be delayed in getting to you.
- Twice a year, in January and July, the recipient is required to submit monthly payment history documentation showing that all programs funds have been fully applied to the approved lender(s) listed in your online application. You will need to submit the last six months’ payment history to cover the last two payments that have been issued.
- If your payment history is not equal to or greater than the amount of funds disbursed, your account will be suspended until brought current. If not brought current within 30 days, your account will be declared in repayment default.
- Forms delinquent more than 90 days will cause your account to go into repayment default.
- **Recipients are required to contact the program immediately if there is any change to employment status. Failure to do so will cause your account to go into default.**