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|  | **Washington State Health Professional Loan Repayment****Quarterly Service Verification Form****Do not leave blanks**. Form cannot be signed, dated, or submitted prior to last day of the quarter.**see instructions for full details on completing this form.** |
| **LOAN REPAYMENT Recipient SECTION** | **Employer SECTION** |
| *If you have had a change of address, phone number* *or email, contact program staff.* | *If there has been a change in recipient’s employment site,**contact program staff. (Must have prior approval.)* |
|  Check the quarter completed: [ ]  Jan – Mar 2018 [ ]  Apr – Jun 2018 [ ]  Jul – Sep 2018 [ ]  Oct – Dec 2018 |
| **Recipient Name:**  | **Site Name:**  |
| **Submit a separate form for each physical site/location.** | **Site Address:**  |
| [ ]  I met the minimum hours requirement per my discipline.  (See Instruction Sheet for details.)  | **[ ]** Check this box if recipient was on Medical, FMLA, or other leave that may qualify for suspension.(See Suspension Form for details.) **Dates of leave:** **to**Recipient must download, complete and submit the [Suspension Request Form](file:///%5C%5CVader%5CAgencyFiles%5CStudentFinancialAssistance%5CPROGRAMS%26ACTIVITIES%5CConditional%20Workforce%20Programs%5CHealth%20Professions%5CForms%20-%20Form%20Letters%20%26%20Lists%5CIn%20Service%20Documents%5CForms%5CSuspension%20Request%20Form%20-%2016-17%2017-18.docx) |
| **Maximum leave days per contract year** (July 1–June 30):Recipients with a federal-state contract (FSLRP) are allowed a **maximum of** **35.7** days (7.14 weeks) per contract year away from the site. HPLRP recipients are allowed a **maximum of** **40** days per contract year. Reasons for these days away include but are not limited to: vacation, sick, holiday, continuing education, and other leave.Recipients who will exceed the maximum leave days per contract year must request a suspension in advance of the leave. If approved, the recipient’s contract end date will be extended. Examples of approved suspensions are medical leave, FMLA, or call to active duty.**Exceeding days away from site without an approved suspension will be considered default.** |
|  **Actual hours worked this quarter at this site:** * Exclude hours of dates of leave listed above.
* Exclude leave hours listed below.
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| **Total number of hours this quarter****away from this site:****Paid Leave hours:** **Unpaid leave hours:** * Include sick, vacation, holiday, continuing education,

and any other leave.* Exclude days being submitted for suspension above.
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| **By signing, I certify that I am serving at the site listed** **on the right and I met the full-time and/or part-time minimum hours requirement as detailed in my contract.****Recipient Signature:** | **By signing, I certify that the information provided above is true, accurate, and complete to the best of my knowledge and belief. I have read and understand the minimum hours and days away requirements.****Employer Signature:** |
| **Date:**  | **Printed Name:**  |
| Note: If your remaining loan debt is less than the scheduled quarterly payment, contact program staff to arrange for an adjusted final quarterly payment amount. Any over-payments must be repaid to the program. | **Title:**  |
| **Date:**  | **Phone:**  |
| **Email:**  |
| Allow 14-20 business days for payment to be processed. | Site must retain original copy of this form. |
| Recipient: It is your responsibility to contact the Department of Enterprise Services (DES) to update any address, name, and/or bank account information that has changed. Our office cannot make those changes for you. Contact DES at 360-407-8180, or by email at payeehelpdesk@des.wa.gov. |

The administrator (not the recipient) may mail, fax, or scan and email this form to the Washington Student Achievement Council at:

**Mail:** PO Box 43430, Olympia WA 98504-3430 • **Fax:** 1-866-381-1094 • **Email:** health@wsac.wa.gov • **Phone:** 1-888-535-0747

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