



# Washington State Health Professional Loan Repayment SUSPENSION REQUEST FORM

**The purpose of this form is to request a planned (or to notify WSAC of an unplanned) period of time away from the approved site and to determine if the days away from the site meet either of the following criteria:**  
 Eligible for a suspension of service - which will result in the recipient's contract being extended accordingly, or  
 Not eligible for a suspension of service - which will result in the time being counted toward the maximum allowed days away from the clinic.

| LOAN REPAYMENT RECIPIENT  |   |   |
|---|---|---|
| Name:   |   |   |
| Email:  | Phone Number:                             |   |
| Site(s) Name:   |   |   |
| DETAILS REGARDING DAYS AWAY FROM APPROVED SITE  |   |   |
| Start date of leave:  | End date of leave:                        | (If end date is unknown at this time, write "unknown".) |
| <input type="checkbox"/> FMLA   |   |   |
| <input type="checkbox"/> Medical Leave  |   |   |
| <input type="checkbox"/> Active Military Service  |   |   |
| <input type="checkbox"/> Jury Duty  |   |   |
| <input type="checkbox"/> Other, please explain:   |   |   |
| Additional information:   |   |   |
| <input type="checkbox"/> I certify that the information contained in this request is true and accurate and agree to submit additional documentation if requested. |   |   |
| Recipient Signature:  | Date:                                     |   |
| Authorized Site Representative Signature:   | Date:                                     |   |
| PROGRAM STAFF ONLY  |   |   |
| <input type="checkbox"/> Suspension Approved  | Approved Suspension Dates: _____ to _____ | Days away:  |
| <input type="checkbox"/> Suspension Not Approved  | Reason:                                   |   |
| <input type="checkbox"/> Contract Amendment Required (FSLRP) <input type="checkbox"/> Contract Amendment received with signatures/dates                           |   |   |
| Notes:  |   |   |
| Staff Signature:  | Date:                                     |   |

Submit completed form via mail, fax, or email to 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