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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 2017  Apr – Jun 2017  Jul – Sep 2017  Oct – Dec 2017 | | | |
| **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:///\\Vader\AgencyFiles\StudentFinancialAssistance\PROGRAMS&ACTIVITIES\Conditional%20Workforce%20Programs\Health%20Professions\Forms%20-%20Form%20Letters%20&%20Lists\In%20Service%20Documents\Forms\Suspension%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. | |
| **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. | |
| **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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