



Washington State Health Professional Loan Repayment SUSPENSION REQUEST FORM

The purpose of this form is to notify program staff of a planned or unplanned period of time away from the approved site in order to determine if days away meet either of the following criteria:

- A) Eligible for a suspension of service—will result in the provider’s contract being extended accordingly.
- B) Not suspension eligible—will be counted toward maximum allowed days away from the clinic.

LOAN REPAYMENT RECIPIENT	
Name:	
Site(s):	
Email:	Phone Number:
DETAILS REGARDING DAYS AWAY FROM APPROVED SITE	
Quarter(s): 2017 <input type="checkbox"/> Jan–Mar <input type="checkbox"/> Apr–Jun <input type="checkbox"/> Jul–Sep <input type="checkbox"/> Oct–Dec 2018 <input type="checkbox"/> Jan–Mar <input type="checkbox"/> Apr–Jun <input type="checkbox"/> Jul–Sep <input type="checkbox"/> Oct–Dec	
Dates away from the site: to	<input type="checkbox"/> Dates estimated <input type="checkbox"/> Exact <input type="checkbox"/> End date unknown at this time
Number of workdays away from the site:	
Reason for request:	<small>Note: WSAC may request supplemental information/documentation as needed.</small>
<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:	
I certify that the information contained in this request for a suspension is true and accurate, and hereby authorize WSAC to verify all information presented herein.	
Recipient Signature:	Date:
Site Representative Signature:	Date:
PROGRAM STAFF ONLY:	
<input type="checkbox"/> Suspension Approved <input type="checkbox"/> Suspension Not Approved	Dates: to
Contract Extension:	
Notes:	
Staff Signature:	Date of Approval:

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