



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
<i>If you have had a change of address, phone number or email, contact program staff.</i>	<i>If there has been a change in recipient's employment site, contact program staff. (Must have prior approval.)</i>
Check the quarter completed: <input type="checkbox"/> Jan – Mar 2018 <input type="checkbox"/> Apr – Jun 2018 <input type="checkbox"/> Jul – Sep 2018 <input type="checkbox"/> Oct – Dec 2018	
Recipient Name:	Site Name:
Submit a separate form for each physical site/location.	Site Address:
<input type="checkbox"/> I met the minimum hours requirement per my discipline. (See Instruction Sheet for details.)	<input type="checkbox"/> 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: <div style="display: flex; align-items: center; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> to <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> </div>
<p>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.</p> <p>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.</p> <p style="text-align: center;">Exceeding days away from site without an approved suspension will be considered default.</p>	<div style="text-align: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> </div> <p>Actual hours worked this quarter at this site:</p> <ul style="list-style-type: none"> Exclude hours of dates of leave listed above. Exclude leave hours listed below.
<p style="text-align: center;">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.</p>	<p style="text-align: center;">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.</p>
Recipient Signature:	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.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Title:</div> <div style="width: 45%;">Date:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;">Phone:</div> <div style="width: 35%;">Email:</div> </div>
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 .	