

Washington Health Corps Deferment Request Form



The purpose of this form is to request a deferment from service. Deferments should be requested in advance and be preapproved. Periods of approved deferment will suspend payments and will extend the participant's service obligation end-date.

Participant Section

Participant Name _____

Email _____

Site Name _____

Deferment Request Details

Start Date of Leave _____

End Date of Leave _____

Type of Leave

FMLA

Medical Leave

Active Military Service

Jury Duty

Other (explain below)

Additional Information: _____

I certify that the information contained in this request is true and accurate, and I agree to submit additional documentation if requested.

Participant Signature _____

Date _____

Employer Section

I certify that the information contained in this request is true and accurate.

Employer Signature _____

Date _____

Printed Name _____

Title _____

Submit completed form via fax or email to Washington Student Achievement Council at:

Fax: 1-866-381-1094 • **Email:** health@wsac.wa.gov

Phone: 1-888-535-0747 option 5

WSAC Approval

Staff Signature _____

Date _____