

REQUEST FOR STUDENT LOAN REPAYMENT BENEFIT

I. INDIVIDUAL INFORMATION

Name		SSAN	Payment Type () Biweekly () Annual	Benefit Type () Recruitment () Retention
Pay Plan-Series-Grade	Position Title	Name and Location of Technician Organization		
Student Loan Repayment Benefit Amount Requested: \$ _____ per year of service agreement.		Service Agreement Obligation for Student Loan Repayment Benefit (check one) <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> Other: _____ years		

II. LOAN INFORMATION

An official document/letter by each loan institution providing the below Loan Information must be attached to this request. If more than one loan is to be repaid simultaneously, continue the requested information in the remarks area in section III or on a separate page.

Name of the Federally Funded Loan Received:	Date Loan was Obtained:	Remaining Balance of Loan:	Loan Number:
Name, address, and telephone number for the lending institution holding the loan, e.g. bank, educational institution:			
Name, address, and telephone number of servicing agent of the loan whom payments are sent (if different from above):			
Name, title and telephone number of authorized official for the Lending Institution:			
Federal Tax Notification Number or EIN (required for sending payments): _____ - _____			

III. JUSTIFICATION

1. Describe the unsuccessful efforts to recruit candidates or retain technicians for this or similar positions. (Continue on additional pages, if necessary)

2. Criteria used to determine size of student loan repayment benefit (Continue on additional pages, if necessary)

3. Remarks and/or other information (Continue on additional pages, if necessary)

IV. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a Student Loan Repayment Benefit, difficulty would be encountered in filing this position with a highly-qualified candidate or retaining this highly-qualified employee. I have adhered to merit system principles. To my knowledge, approval of this agreement does not create any inequitable treatment of candidates and employees. The applicant has signed the CNG Form 690-18, Student Loan Repayment Benefit Service Agreement, and it is attached.

Name/Title	Signature	Date	Telephone
------------	-----------	------	-----------

V. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name	Signature	Date	Telephone
------	-----------	------	-----------

VI. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY (ANG ONLY)

I certify that funds are available for this action.

Name	Signature	Date	Telephone
------	-----------	------	-----------

VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Student Loan Repayment Benefit Amount Approved: \$ _____ per year of service agreement.	Payment Type: () Biweekly () Annual	Effective Date/Date Entered Service Agreement:	Service Agreement Expires on :
--	---	--	--------------------------------

Remarks

Student Loan Repayment Benefit is authorized and is in compliance with program requirements.

DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES	Signature	Date
---	-----------	------