

## STUDENT LOAN REPAYMENT APPLICATION/AUTHORIZATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** The collection of this information is authorized by 5 U.S.C. 5379 in order to facilitate the repayment of student loans, where authorized.

**PRINCIPAL PURPOSE:** The information will be used as a basis for payroll actions, and may be disclosed to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, the Department of Labor for worker compensation claims and the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, this information may be used within NRL and the Department of Navy for study purposes, such as the projection of staffing needs, and/or creation of nonidentifiable statistical data for reports to other Federal agencies and Congress.

**ROUTINE USES AND DISCLOSURE:** Providing this information is voluntary, but choosing not to provide the requested information will preclude the payments by the Naval Research Laboratory.

### SECTION 1: RECIPIENT INFORMATION

Supervisor and/or Applicant, as appropriate, must complete this section.

1. NAME	2. TELEPHONE NO.	3. TITLE, SERIES, GRADE OR LEVEL	4. NRL CODE
5. THE REQUEST IS AN: INITIALS <input type="checkbox"/> OR CANCELLATION <input type="checkbox"/>		6. CURRENT BALANCE OF OUTSTANDING LOANS \$	
7. ANNUAL REPAYMENT BENEFIT REQUESTED \$	8. NUMBER OF YEARS PAYMENTS ARE TO BE MADE YEARS	9. TOTAL REPAYMENT BENEFIT \$	
10. <b>APPLICANT:</b> I authorize the release of my financial data by lender/holder to complete entries in SECTION 2. (A copy of this form should be deemed as original for authorization purposes)			
SIGNATURE			DATE

### SECTION 2: LOAN STATUS CONFIRMATION

**To be completed by Applicant and Certified Loan Holder. This information must be provided for each loan being considered for repayment. For multiple loans, the applicant should copy this form, complete it, and attach a copy for each outstanding loan.**

1. <b>Loan Information.</b> A copy of an official letter ( <i>promissory note or account statement</i> ) from the lending institution must be attached.		
a. TYPE/NAME OF THE FEDERALLY FUNDED LOAN RECEIVED (e.g., <i>Federal Stafford Loan, Federally Insured Student Loan, etc.</i> )		
b. LOAN STATUS ( <i>Loans in default are not eligible</i> ) CURRENT <input type="checkbox"/> DEFERRED <input type="checkbox"/>	c. OUTSTANDING BALANCE ON LOAN ( <i>Do not include late fees/penalties in this total</i> ) \$	
2. <b>Lending or Serving Institution</b>		
a. NAME/ADDRESS/CITY/ZIP ( <i>Where payment is to be sent</i> )	b. LOAN NUMBER	
3. <b>Authorized Official for Lending Institution</b>		
a. NAME	b. TITLE	c. TELEPHONE NO.
d. ADDITIONAL INFORMATION		
4. <b>Certification:</b> As an official of the lending/serving institution, I verify that the attached loan information is correct and current.		
SIGNATURE		DATE

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## SECTION 3: DETERMINATION OF ELIGIBILITY

To be completed by the Recommending Official

1. DESCRIBE SPECIAL NEEDS OF THE DIVISION TO FILL THIS POSITION AND HOW THIS CANDIDATE MEETS THOSE NEEDS.

2. DESCRIBE HOW, ABSENT THE BENEFIT, YOU WOULD ENCOUNTER DIFFICULTY FILLING THIS POSITION WITH A HIGHLY QUALIFIED EMPLOYEE. DESCRIBE PAST DIFFICULTIES FOR POSITIONS SIMILAR TO THE ONE FOR WHICH THIS INCENTIVE IS BEING USED.

3. EXPLAIN WHY OTHER INCENTIVES WERE NOT USED OR SUFFICIENT TO RECRUIT THE CANDIDATE INTO THE POSITION.

4. **CERTIFICATION:** I certify that the unusually high or unique qualifications of the candidate, and/or special needs of the agency for his/her services, makes it essential to recruit him/her and, in the absence of this incentive, the recruit would likely take another position outside the Naval Research Laboratory.

RECOMMENDING OFFICIAL (*Name, Title, Signature*)

DATE

## SECTION 4: APPROVALS

For Approval Official Use Only

1. CERTIFICATION OF FUNDS

2. AO/DIVISION

3. DATE

JOB ORDER #

4. THIS LOAN REPAYMENT REQUEST IS:                      APPROVED                      DISAPPROVED (*If declined, modified, or canceled, attach a brief explanation*)

APPROVING OFFICIAL (*Name, Title, Signature*)

## SECTION 5: CERTIFICATION OF PAYMENT APPROVAL AMOUNTS AND REPORTING INFORMATION

For Completion by the Human Resources Office *if cXY% \$\$L*

1. ANNUAL PAYMENT AMOUNT APPROVED UNDER THIS REQUEST

2. NUMBER OF YEARS PAYMENTS ARE APPROVED

3. TOTAL REPAYMENT BENEFITS APPROVED

\$

YEARS

\$

4. REPORTING DATA

a. PAY PLAN

b. OCC. SERIES

c. GRADE/LEVEL

5. **CERTIFICATION:** I certify that the above information has been approved as required under the authority of the NRL Student Loan Repayment Program.

HRO OFFICIAL (*Name, Title, Signature*)

DATE: