



Student Loan Repayment Program Recruitment Justification

PRIVACY ACT STATEMENT

Authority: 5 C.F.R. § 537.105, 5 U.S.C. § 5379 (2024), and 5 U.S.C. § 552a(b) (2024).

Purpose: To document the determination for the student loan repayment.

Routine Uses: This information will be used by HCTM to determine eligibility and qualifications for the student loan repayment program. This information may be shared with the Office of Personnel Management (OPM) for auditing purposes only.

Disclosure: Failure to provide information on this form will result in the candidate being ineligible for the student loan repayment program.

Instructions: The supervisor, Division Director and Head of the B/IO must complete and sign the form. The supervisor must send the completed and signed form to HCTM/PPSM via LaunchPad prior to the candidate's enter on duty date.

1. Candidate's Name (Last, First, MI)

2. Bureau/Independent Office

3. Pay Plan-Series-Grade

4. Explain the highly qualifying and/or unique skills the candidate possesses, if any, and the need to recruit them into a hard-to-fill position. (5 C.F.R. § 537.105)



5. Has the candidate indicated they would not accept the offer of employment with USAID if a student loan repayment is not made available? (5 C.F.R. § 537.105(a)(2)(ii))

Yes No

If yes, provide details:

6. Explain to what extent, if any, the candidate's uniquely skilled and high qualifications would affect the agency's ability to carry out an activity or perform a function that is deemed essential to its mission. (5 C.F.R. § 537.105b)



7. Supervisory Certification: I certify that this is an accurate statement of the justification to provide a Student Loan Repayment incentive and that the disbursement of funds are necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

Supervisor Signature:

8. Division Director Certification: I certify that this is an accurate statement of the justification to provide a Student Loan Repayment incentive and that the disbursement of funds are necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

I Concur with the Division Director Certification Statement

I Do Not Concur with the Division Director Certification Statement

Division Director Signature:

9. Head of Bureau/Independent Office Certification: I certify that this is an accurate statement of the justification to provide a Student Loan Repayment incentive and that the disbursement of funds are necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

Approved

Disapproved

Head of Bureau/Independent Office Signature: