



Student Loan Repayment Program Retention 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 employee 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 employee must upload the completed, signed form to their SLRP application prior to the due date.

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

2. Bureau/Independent Office

3. Pay Plan-Series-Grade

4. Last Performance Appraisal Rating

5. Explain the highly qualifying and/or unique skills the employee possesses, if any, and the need to retain them. (5 C.F.R. § 537.105)



6. Has the employee indicated they would likely leave the Federal government if a student loan repayment is not made available? (5 C.F.R. § 537.105(a)(2)(ii))

Yes No

If yes, provide details:

7. Explain to what extent, if any, the employee's departure 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).



8. 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's Signature:

9. 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:

10. 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: