UNITED STATES DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS			RECOMMENDATION AND APPROVAL FOR THE REPAYMENT OF STUDENT LOAN(S)			
1. Agency Name			2. Agency Code	3. Case Number	Personnel Office Identifier (SPO use only)	
5.Employee Name			6. Social Security Number		7. Duty Station Code	
8. Position Title			9. Location (City, State)		10. Pay Plan/Series/Grade/Step	
11. Salary		12. Organization	anization		13. Effective Date of Loan	
14. Accounting Code		15. Mail Check to (if applicable)			R	
16. Education Level		17. Employee Status (check one)				
					nt Employee	
The following information must be attached, for review by the recommending and approving officials for a student loan repayment: A written justification outlining the difficulty experienced or expected in filling the position if a student loan is not repaid, and A written determination that unusually high or unique qualifications of the employee or a special need of the Agency exists. Or A written determination that the employee is likely to leave the Federal Government if the loan is not repaid, and A written description of the extent to which the employee's departure would affect the Agency. In addition, the proposed amount of the loan repayment, along with the rationale for the amount proposed. Recommending Official						
18. Recommended	19. Signature of Recommending Official		20. Title of F	20. Title of Recommending Official		21. Date
Amount						
\$						
22. The undersigned has revi	ficial (1 st Approval)	23. Amount Approved		24. Year		
22. The undersigned has reviewed the conditions for repayment of the abo employee's student loan(s) as indicated <i>(check one)</i>			23. Alliouni	Approved		24. Teal
Approved Disapproved			\$	·		
25. Signature of Approving Official			26. Title of A	Approving Oπiciai	27. Date	
28. Comments/Changes						
	riew & Reauthorization to Continue Payment)					
29. The undersigned has reviewed the conditions for repayment of the aboremployee's student loan(s) as indicated <i>(check one)</i>			ove 30. Amount	Approved	31. Year	
Approved Disapproved			\$			
32. Signature of Approving Official			33. Title of A	33. Title of Approving Official		34. Date
35. Comments/Changes						
36. The undersigned has reviewed the conditions for repayment of the aboremployee's student loan(s) as indicated (check one)			ove 37. Amount	37. Amount Approved		38. Year
Approved Disapproved		\$	\$			
39. Signature of Approving Official				40. Title of Approving Official		41. Date
42. Comments/Changes						
		PRIVACY A	CT STATEMENT			

Public Law 104-134 (*April 26, 1996*) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your Agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.