USAASC – STUDENT LOAN REPAYMENT PROGRAM
REQUEST FOR STUDENT LOAN REPAYMENT BENEFIT

Name (Print or Type – First Middle Last)		Social Security Number
Title	Series / Grade/Step	Type of Appointment

Total Amount of Student Loan Repayment Benefit Received to Date (Include the Requested Amount from this Request Form.)

$_____

Student Loan Repayment Benefit Amount Requested:	Student Loan Repayment Benefit for Year Number: (Circle One)
$_____	1 2 3 4 5 6 Other ____ ***NOTE: Service Agreement must be attached to this Request form.***

Current Balance of Outstanding Loan: $_____

NOTE: Official Documentation from loan holder documenting loan balance and type of loan must be attached to this Request form.

Compensation:

Base/Locality Pay $ _____

Other Continuing Pay, e.g., PSP, retention allowance $ _____

Other Payments, e.g., lump sum payments $ _____

Student Loan Repayment Benefit Amount $ _____

TOTAL COMPENSATION $ _____

Recommending Official (2nd Level Supervisor)	Title	Date
Certification of Funds (USAASC-RMD)	Title	Date
Personnel Official	Title	Date
Approving Official (Army DDACM)	Title	Date

Effective Date:	Expiration Date: