



Muskingum County Board of Developmental Disabilities

Dream

Believe

Achieve

Request for Student Loan Reimbursement

(Personnel Policy Section 3.05)

This form is to be used after the student loan payment has been made. Documentation must be provided.

Employee Name: _____ Date: _____

Student Loan Amount Request: _____ (amount paid not to exceed \$300.00)

Please attach proof of payment documentation. (The original document of the paid monthly statement or other terms proving that a payment was made prior to request.)

I certify that the information and the documentation that I have provided is accurate and is no way falsified. I understand that if it is determined that any information or documentation was falsified in some manner, I will be responsible for repaying any student loan payment assistance received and subject to disciplinary action. In addition, I must remain employed by the Board for one (1) year subsequent to receiving such reimbursement. Failure to comply with this requirement will necessitate a full 100% reimbursement to the Board.

Employee Signature/Date

For HR Use Only:

Reviewed Loan Documentation: Yes No

Approved

Disapproved

Reason: _____

Superintendent Signature

Date