

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-12500A (06-11)	<h2 style="margin: 0;">REQUEST FOR STUDENT LOAN REPAYMENT BENEFIT</h2> <p style="margin: 0;">NOTE: Candidate's job application/resume must be attached</p>	
Name	Social Security Number	
Title	Series/Grade/Step or Cluster/Band	Type of Appointment
Total Amount of Student Loan Repayment Benefit Received to <i>Date</i> (Include the Requested Amount from this Form). \$ _____		
Student Loan Repayment Benefit Amount Requested: \$ _____	Student Loan Repayment Benefit for Year Number: (Check One) <div style="display: flex; justify-content: space-around; text-align: center;"> 1 2 3 4* 5* 6* **Other </div> <p style="font-size: small; margin-top: 10px;">NOTE: Service agreement must be attached to this request form. A minimum three-year period of employment with the Coast Guard is required, if the amount to be reimbursed is for a total of \$30,000 or less. Benefits may not exceed \$10,000 per calendar year.</p>	
Current Balance of Outstanding Loan(s): \$ _____		
<p style="font-size: small; margin: 0;">NOTE: Official documentation from loan holder documenting loan balance and type of loan must be attached to this request form.</p>		
Compensation: <div style="margin-left: 40px;"> Salary (Basic Pay plus Locality Pay or special salary rate): \$ _____ Other Continuing Pay (e.g., retention allowance): \$ _____ Other Payments, e.g., recruitment bonus, superior qualifications appointment (amount above the first step of the grade): \$ _____ Student Loan Repayment Benefit Amount: \$ _____ TOTAL COMPENSATION \$ _____ </div>		
Supervisory Requesting Official	Title	Date
Endorsement (e.g., CO Areas, Districts, MLCs, HQ Units, etc.)	Title	Date
CSA/HR Specialist		Date
CG-121 (Approving Official)	Title	Date
CG-833 (Fund Certification)	Title	Date
Effective Date:	Expiration Date:	

U.S. Dept. of Homeland Security, USCG, CG-12500A (06-11)

* Additional years of service are required if repayment amounts exceed \$30,000

** Indicate the additional years if the repayment amounts were less than \$10,000 and the aggregate student loan repayment amount does not exceed \$60,000.

Written Justification. Please justify the request against the criteria specified in STUDENT LOAN REPAYMENT PROGRAM, COMDTINST 12500.3, para.11a and 11b. or para.11c. and 11d.

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

5 U.S.C 5379

Purpose and Uses The main purpose for collecting the information requested on this form is to establish the terms under which an individual receives a student loan repayment benefit under the DHS Student Loan Repayment Program. The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for worker compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes, including law enforcement, and in the event of litigation. In addition, these records, or information derived from these records, may also be used within DHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress. **Information Regarding Disclosure of Your Social Security**

Account Number Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can be distinguished only by the SSN. It is used primarily to identify an employee's personal leave, and pay records and to relate one to the other. In this regard, it is also used by DHS to locate records in order to respond to lawful requests for information by former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive a student loan repayment benefit because payroll would be unable to process the necessary actions.