

**WORK STUDY OBLIGATED SERVICE REPAYMENT TRACKING**

Training Services Division, OHR

 INITIAL SUBSEQUENT**EMPLOYEE INFORMATION**

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS: City, State, Zip

ADMINISTRATION NAME AND MAILING ADDRESS (Spell out /No acronym)

REASON FOR REPAYMENT

- Completed Course/Internship - Graduated
- Completed Course – Temporary Withdrawal
- Completed Course – Withdrew not Continuing
- Dropped Course Withdrew from Program

DATE:

OBLIGATED SERVICE REPAYMENT**COPIES OF APPROVED TIMESHEETS OR REPORTS MUST BE SUBMITTED FOR DATES LISTED**INITIAL OR SUBSEQUENT
OBLIGATED SERVICE
BALANCE

REPAYMENT DATES COVERED

BALANCE FORWARD

OBS REPAYMENT TOTAL

EMPLOYEE OFFICE APPROVALSPRINT APPOINTING AUTHORITY NAME &
TITLE

Appointing Authority Signature

Date

PRINT SUPERVISOR NAME & TITLE

Supervisor Signature

Date

PRINT EMPLOYEE NAME & TITLE

Employee Signature

Date

+++++ TSD USE ONLY +++++

 OBLIGATED SERVICE COMPLETED

DATE:

APPROVER/TRAINING SERVICES DIVISION:

201 W. Preston Street, Room 106
Baltimore, Maryland 21201Phone Number
410-767-1605

SIGNATURE: