

**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

PHONE NUMBER:

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

**REASON FOR REPAYMENT**

- Completed Program - Graduated
- Completed Program – Earned Certificate
- Completed Internship/Clinicals
- Withdrew from Program

DATE:

**OBLIGATED SERVICE REPAYMENT (OBS)****COPIES OF APPROVED TIMESHEETS OR REPORTS MUST BE SUBMITTED FOR DATES LISTED**

REPAYMENT DATES COVERED

CURRENT OBS BALANCE

BALANCE FORWARD

OBS REPAYMENT TOTAL

**EMPLOYEE OFFICE SIGNATURES**

PRINT APPOINTING AUTHORITY NAME &amp; TITLE

Appointing Authority Signature

Date

PRINT SUPERVISOR NAME &amp; TITLE

Supervisor Signature

Date

PRINT EMPLOYEE NAME TITLE

Employee Signature

Date

**+++++ TSD USE ONLY +++++** OBLIGATED SERVICE COMPLETED

DATE:

REVIEWER/TRAINING SERVICES DIVISION:

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

SIGNATURE: