

**EXHIBIT 4**

**ANNUAL REVIEW OF MULTI-YEAR STUDENT LOAN REPAYMENT**

**(Submit to Director, Office of Human Capital Services via your servicing human resources office within 2 pay periods or 30 days in advance of the anniversary date of Student Loan Payment.)**

I, \_\_\_\_\_ (supervisor's printed name), have completed the annual review of the Student Loan Repayment for

\_\_\_\_\_ (employee's printed name) who is employed at

\_\_\_\_\_ (Organizational Unit, Line or Staff Office)

I certify that the \_\_\_\_\_ (second, third, etc) year of Student Loan Repayment as documented by the initial Student Loan Repayment Agreement dated \_\_\_\_\_ is still warranted and that this situation meets the requirements of Title 5 United States Code (U.S.C.) 5379 [5 CFR 537](#) Department Administrative Order 202-957, DOC Repayment of Student Loan Policy, dated 07/18/03, and NOAA Administrative Order 202-957, NOAA Student Repayment Program Policy, dated \_\_\_\_\_.

I authorize continued payment of this year's student loan repayment to:

\_\_\_\_\_ (Name of Loan Institution(s))

\_\_\_\_\_  
**SUPERVISOR**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**AUTHORIZING LINE, STAFF, OR FMC OFFICE  
MANAGEMENT OFFICIAL**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**DIRECTOR, OFFICE of HUMAN CAPITAL SERVICES**

\_\_\_\_\_  
DATE

A copy of this agreement must be sent to the servicing human resources management office for inclusion in the Official Personnel Folder.

Distribution:  
Original – OPF  
Copies – Employee  
Supervisor