

SECTION B: NURSING EMPLOYMENT STATUS (TO BE COMPLETED BY SPONSOR)

Please have a supervising official at the medical facility where you are employed complete this section. If you are not employed in a nursing position, go to Section C.

Name of Employer: _____

Address: _____ City, State, Zip _____

Phone Number:(____) _____

____ Full-Time ____ 3/4 time ____ Half-Time Employment as ____ LPN ____ RN Starting Date: _____

Is Obligation Fulfilled? ____ Yes ____ No Date obligation fulfilled _____

Ending date of employment _____

____ Email: _____

Signature of Hospital Administrator, Human Resources, or Director of Nursing

____ Date _____

Print Name and Title

Note: If recipient worked part time service can be granted as follows:

3/4 time requires 1 1/2 years service for each year of funding

1/2 time requires 2 years service for each year of funding

SECTION C: REQUEST FOR POSTPONEMENT

If you are not currently employed in a nursing position and wish to apply for a deferment, this section must be completed. (K.S.A. 74-3296)

REQUEST FOR POSTPONEMENT FOR THE FOLLOWING REASON: (check one)

____ **Undergraduate or Graduate Enrollment in Nursing Program** (Complete separate form, if you are enrolled in school)

____ **Active military service** (must submit statement of military commitment, including enlistment date and expected termination date.)

____ **Temporary medical disability** (must submit a physician's statement giving reason for disability and date disability began and is expected to end.)

____ **Service in VISTA**

____ **Service to the Peace Corps**

____ **Service to the United States Public Health Service**

____ **Service in religious missionary work conducted by tax exempt organization**

____ **Federal Family and Medical Leave Act (FMLA) of 1993**

____ **Special circumstances approved by the Kansas Board of Regents** (provide letter identifying circumstance)

REQUESTED PERIOD OF DEFERMENT:

(No more than 12 months) From _____ to _____
month day year month day year

Your Signature: _____

Date: _____

If you are not in one of the above circumstances, you are not eligible for postponement of service or repayment. However, we may be able to adjust your repayment or service schedules slightly if you are in one of the following three circumstances.

____ **Unemployed** Are you actively seeking employment? ____ Yes or ____ No

If yes, when do you expect to begin work? _____

If no, please explain _____

____ **Graduate, seeking licensure** test date _____ retest date _____

____ **Employed, non-nursing position.** Are you actively seeking a nursing position? ____ Yes ____ No