Yuma County

Plan Administrator Approval Form Checklist

(Submit quarterly)

In accordance with the Yuma County Attorney Loan Repayment Assistance Program Policy (PR-422), each legal office will designate a plan administrator to administer the LRAP for that office.

The Plan Administrator is ineligible for benefits under this program while serving as the Plan Administrator. The Plan Administrator in each office will determine all questions of eligibility, subject to the dispute resolution process outline in Section L (3). The Plan Administrator will make available to attorneys employed by the County the official LRAP application form and process all LRAP applications and subsequent documentation. The Plan Administrator will provide Human Resources with all necessary documentation within 60 days of the end of each quarter to ensure that county payroll can reimburse each eligible employee. The Plan Administrator will verify that the participant was eligible to receive benefits under the program during each quarter that the participant makes a claim for educational loan reimbursement. The Plan Administrator will maintain a copy of all records related to the LRAP including employee applications, eligibility verification documents, and a list of the employees participating in the program.

Employee Name (print):_____ **Department**:_____

☐ Full-time ☐ Part-time_____# of hours per week ☐ Attorney ☐ Attorney Supervisor

Rating on most recent Performance Evaluation: ☐ NI ☐ ME ☐ GE

☐ Employed for 12 consecutive months before application

☐ I certify that this employee is on regular status, and is not on probationary or disciplinary status.

DOCUMENTATION SUBMITTED: (checklist)

Qualifying Quarter:

☐ Initial Application Date Submitted: _____
☐ Verification of loan debt and repayment schedules
☐ Amount of debt remaining
☐ Name, address, phone number of each lender
☐ Proof of original principal amount for each loan and calculated monthly repayment

Every Quarter:

☐ Verification (via bank statement) of actual payments made on each loan (submitted quarterly)
☐ Documentation submitted of any change in eligibility

Amount Requested for Quarter _____of 20____. $:_____.

Plan Administrator Signature:	Date:
Human Resources Signature:	Date: