

**Michigan State Loan Repayment Program
Workdays Away From Practice Sites Form
Required for Last Two Verification Forms**

For instructions, see the *Participant Information and Requirements* section of the MSLRP website at www.michigan.gov/mslrp.

Workdays Away From Approved Practice Site(s) Calculation		
Provider's First Name:		
Provider's Last Name:		
Professional Title:		
	<u>Start Date</u>	<u>End Date</u>
First MSLRP Agreement Year:	10/1/2014	9/30/2015
Enter the number of:		
• Vacation Days:	_____	
• Holidays:	_____	
• Sick Days:	_____	
• Maternity Leave Days:	_____	
• Other Family Leave Days:	_____	
• Workdays at Ineligible Practice Sites:	_____	
• Other Days: _____	_____	
Total First Year Days:	_____	
	<u>Start Date</u>	<u>End Date</u>
Second MSLRP Agreement Year:	10/1/2015	9/30/2016
Enter the number of:		
• Vacation Days:	_____	
• Holidays:	_____	
• Sick Days:	_____	
• Maternity Leave Days:	_____	
• Other Family Leave Days:	_____	
• Workdays at Ineligible Practice Sites:	_____	
• Other Days: _____	_____	
Total Second Year Days:	_____	
<p>Does the provider expect to take a leave of absence during the last six months of their second year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>If so, how may workdays do they expect to be on leave? _____</p>		

This calculation accounts for all days away from practices sites as of / /
Date

Print Name (person completing form) Title Signature / /
Date