

Attorney Student Loan Repayment Program (2008) Organization Input

Part 3: Position and Attorney Information Verification. (For Department use).

Information in Part 3 must be provided by the component or office (or equivalent) HR staff.

1	Attorney's Name		
	Component/Office		
	Annual Base Salary (as of May 1, 2008) (Do not include locality pay.) Verify Part 1, block 5.	\$	
	Attorney's Job Title		
	Date attorney entered on duty (or scheduled to enter on duty):	Please note that if after September 30, 2008, the Program Administration Panel must grant an exception to policy. Please <u>highlight</u> this requirement in a forwarding endorsement to OARM.	mm/dd/yy
2a	Is attorney a prior ASLRP recipient? Review Part 1, block 4b.	<input type="checkbox"/> YES	Enter date current service obligation expires and continue to question 3.
		<input type="checkbox"/> NO	Answer question 2b, below.
2b	Does attorney claim at least \$10,000 of current federal student loan debt? (This is not applicable to prior ASLRP recipients).	<input type="checkbox"/> YES	Continue to process request.
		<input type="checkbox"/> NO	Attorney is ineligible. Do not process request. Notify attorney.
3	VERIFICATION STEP Is the request accurate? You must <u>verify</u> the attorney's base salary, EOD, office of assignment, etc. If the packets are not complete, return to the attorney for corrective action. If you return the packets to the attorney for correction, advise the attorney that late submissions to OARM will not be accepted.	Once you confirm accuracy, verify that the OARM packet is complete.	
		<ul style="list-style-type: none"> • One copy of Part 1 (Attorney and Loan Information) <input type="checkbox"/> 	
		<ul style="list-style-type: none"> • Tab A: One copy of each lender's statement (or a clearly annotated consolidated statement) and other relevant financial information. <input type="checkbox"/> 	
		<ul style="list-style-type: none"> • Tab B: Signed Service Agreement <input type="checkbox"/> 	
		<ul style="list-style-type: none"> • Tab C: If submitted - this is optional. <input type="checkbox"/> 	
		<ul style="list-style-type: none"> • Part 2 (Justification) Six copies with a resume attached to each. <input type="checkbox"/> 	
Verify that the component packet is complete.			

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		<ul style="list-style-type: none"> • One copy of the following: <ul style="list-style-type: none"> - Part 1 - Part 2 with attached resume - Service Agreement 			<input type="checkbox"/>	
4	Is the attorney serving (or being hired to serve) in a permanent or qualifying non-permanent appointment	<i>Attorneys holding term appointments with less than three years remaining before expiration are not eligible. New hires holding 14-month temporary appointments leading to permanent pending adjudication of background investigations are eligible.</i>		YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	
5	List any misconduct, performance or disciplinary issues that may render the attorney ineligible for this program within the past 3 years. If none, so state.					
6	Was the attorney's last evaluation at least at the Fully Successful level under Part 430 of Title 5, CFR, or a similar level of performance under another applicable performance management system.	<input type="checkbox"/>	YES	Continue to process request.		
		<input type="checkbox"/>	NO	Do not process this request. Notify attorney of ineligibility for ASLRP		
		<input type="checkbox"/>	N/A	Attorney is newly hired and has not yet qualified for a rating or has not entered on duty. Continue to process request.		
7	Review of Attorney's Justification (Part 2)					
	Does attorney base all or part of Part 2, Item 2 on a specific component-identified qualification or criteria listed in Appendix A for 2008?	<input type="checkbox"/>	YES	Does component concur that attorney meets component-identified qualification or criteria listed in Appendix A?	YES	<input type="checkbox"/>
					NO	<input type="checkbox"/>
		<input type="checkbox"/>	NO			
8	HR Representative (Person completing Part 3)	Name				
9	Telephone	E-mail				

Print this document. Attach it to the OARM Copy of the Request Packet and forward it to the component Executive Officer (or equivalent) (or delegate) for completion of Part 4 and further processing.