

**Attorney Student Loan Repayment Program (2009)  
Organization Input - New Requests**

**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.

<b>1</b>	Attorney's Name		
	Component/Office		
	Annual Base Salary (as of December 31, 2008) (Do not include locality pay.) <b>Verify Part 1, block 5</b>	\$	
	Attorney's Job Title		
	Date attorney entered on duty (or scheduled to enter on duty):	Please note that if after September 30, 2009, the Program Administration Panel must grant an exception to policy. Please <b>highlight</b> this requirement in a forwarding endorsement to OARM.	mm/dd/yy
<b>2a</b>	Is attorney a prior ASLRP recipient? <b>Review Part 1, block 4b.</b>	<input type="checkbox"/> <b>YES</b>	Enter date current service obligation expires and continue to question 3.
		<input type="checkbox"/> <b>NO</b>	Answer question 2b, below.
<b>2b</b>	Does attorney claim at least \$10,000 of current federal student loan debt? (This is not applicable to prior ASLRP recipients).	<input type="checkbox"/> <b>YES</b>	Continue to process request.
		<input type="checkbox"/> <b>NO</b>	Attorney is ineligible. Do not process request. Notify attorney.
<b>3</b>	<b>VERIFICATION STEP</b>  <b>Is the request accurate?</b> 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.  <b>If you return the packets to the attorney for correction, advise the attorney that late submissions to OARM will not be accepted.</b>	<b>Once you confirm accuracy, verify that the OARM packet is complete.</b>	
		• One copy of Part 1 (Attorney and Loan Information)	<input type="checkbox"/>
		• Tab A: One copy of each lender's statement (or a clearly annotated consolidated statement) and other relevant financial information.	<input type="checkbox"/>
		• Tab B: Signed Service Agreement	<input type="checkbox"/>
		• Tab C: If submitted - this is optional.	<input type="checkbox"/>
		• Part 2 (Justification) <b>Six</b> copies with a resume attached to each.	<input type="checkbox"/>
<b>Verify that the component packet is complete.</b>			

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		<ul style="list-style-type: none"> <li>• One copy of the following: <ul style="list-style-type: none"> <li>- Part 1</li> <li>- Part 2 with attached resume</li> <li>- Service Agreement</li> </ul> </li> </ul>			<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"/>	<b>YES</b>	Continue to process request.	
		<input type="checkbox"/>	<b>NO</b>	Do not process this request. Notify attorney of ineligibility for ASLRP	
		<input type="checkbox"/>	<b>N/A</b>	Attorney is newly hired and has not yet qualified for a rating or has not entered on duty. Continue to process request.	
7	<b>Review of Attorney's Justification (Part 2)</b>				
	Does attorney base all or part of Part 2, Item 2 on a specific component-identified qualification or criteria listed in Appendix A for 2009?	<input type="checkbox"/>	<b>YES</b>	<b>Does component concur that attorney meets component-identified qualification or criteria listed in Appendix A?</b>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>
		<input type="checkbox"/>	<b>NO</b>		
8	<b>HR Representative</b> (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.**