Attorney Student Loan Repayment Program (2014)

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.

1	Attorney's Name			
	Component/Office			
	Annual Base Salary (as of December 31, 2013) (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, 2014, the Program Administration Panel must grant an exception to policy. Please highlight this requirement in a forwarding endorsement to OARM.**		mm/dd/yy
2a	Is attorney a prior ASLRP recipient? **Review Part 1, block 4b.**	☐	**YES**	Enter date current service obligation expires and continue to question 3.
		☐	**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).	☐	**YES**	**Continue to process request.**
		☐	**NO**	**Attorney is ineligible. Do not process request. Notify attorney.**
3	**VERIFICATION STEP** **Is the request accurate?** You must verify 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.**		
		• One copy of Part 1 (Attorney and Loan Information)		☐
		• Tab A: One copy of each lender's statement (or a clearly annotated consolidated statement) and other relevant financial information.		☐
		• Tab B: Signed Service Agreement		☐
		• Tab C: If submitted - this is optional.		☐
		• Part 2 (Justification) ***Six*** copies with a resume attached to each.		☐
		Verify that the component packet is complete.		

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		• One copy of the following: - Part 1 - Part 2 with attached resume - Service Agreement		☐
4	Is the attorney serving (or being hired to serve) in a permanent or qualifying non-permanent appointment	*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.*	**YES**	☐
			NO	☐
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.	☐	**YES** Continue to process request.	
		☐	**NO** Do not process this request. Notify attorney of ineligibility for ASLRP	
		☐	**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?	☐ **YES**	**Does component concur that attorney meets component-identified qualification or criteria listed in Appendix A?**	**YES** ☐
				NO ☐
		☐ **NO**		
8	**Is the attorney a prior ASLRP participant?**			
	IF a prior ASLRP recipient, is the attorney performing the last year of his/her service obligation between June 2013 - July 2014?			**YES** ☐ **NO** ☐
	If performing a current service obligation, was the attorney in a leave without pay status or in any other non-pay status between June 2013 - July 2014?			**YES** ☐ **NO** ☐
	If "yes", was the absence due to uniformed service or compensable injury?			**YES** ☐ **NO** ☐
	If "yes," ensure a copy of orders or other documentation is attached. No extension of the current service obligation is required. If "no," list the dates of absences below, then correct component records to extend the existing service obligation completion date by the total amount spent in a non-pay status.			
9	**HR Representative** (Person completing Part 3)	Name		
10	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.