

**REQUEST FOR RENEWAL OF INCENTIVE PAYMENTS
ATTORNEY STUDENT LOAN REPAYMENT
FY 2004**

(To Be Submitted Only by Attorneys Selected for the FY 2003 ASLRP)

Part I: ATTORNEY INFORMATION

1.	Name			2.	SSN		
	Mailing Addresses	Work					
		Home					
	Work Telephone						
	Fax Number						
	E-Mail Addresses	Work					
		Home					
	Supervisor's Name and work phone						
	Current Position (as of May 1, 2004) –		Include Component and Office of Assignment (AUSA's Include District)				
	Is this the same position you held when originally selected for ASLRP? <i>(Circle the appropriate response and initial).</i>		<p>YES I am in the same position and have not moved within the Department _____ <i>initials</i></p> <p>*****</p> <p>YES I am in the same position; however, I am moving to a new position within the Department as of _____ (enter date: DD/MM/YY) _____ <i>initials</i></p> <p>NO I am not in the same position. I moved within the Department. _____ <i>initials</i></p> <p><i>(This is the appropriate response if you moved from the position you originally held at time of selection to a different position within the same component or U.S. Attorney's Office or to a different component/office.)</i></p> <p><i>If you moved to any position other than the one you held when originally selected for ASLRP or are moving before May 1, 2005, you must complete Part I-A and attach to your renewal request.</i></p>				
	Basis for Original Selection <i>(Place an "X" in the appropriate block.)</i>		<input type="checkbox"/>	Pre-qualified/Retention	<input type="checkbox"/>	Case-by-case/Retention	
			<input type="checkbox"/>	Pre-qualified/Recruitment	<input type="checkbox"/>	Case-by-case/Recruitment	

NAME: _____ SSN: _____

PART I-A To be completed only by attorneys who have changed positions since time of original selection or who are moving to a new position before **May 1, 2005**.

Notice: Lateral moves within the Department may negatively affect receipt of ASLRP benefits. Attorneys who moved or are going to move to a position other than the one held at the time of selection for ASLRP should review the Department policy regarding continuation of ASLRP incentives for current beneficiaries. The policy and a summary chart are posted at www.usdoj.gov/oarm under the Attorney Student Loan Repayment Program link.

A. Place an "X" in the block that best describes your move and enter the requested information:

1	<p>I moved to another position within the <u>same</u> component or US Attorney's Office.</p> <p>My new position is: _____</p> <p>My former position was: _____</p>				
2	<p>I moved to another position in a <u>different</u> component or US Attorney's Office (e.g., from Trial Attorney, Tax Division to Trial Attorney, Antitrust Division; from Criminal Division to a U.S. Attorney's Office; from the Eastern District of Virginia to the Western District of Texas)</p> <p>My new position is: _____</p> <p>My former position was: _____</p>				
3	<p>This move was: (Check the appropriate block)</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Voluntary →</td> <td style="width: 50px;"></td> <td style="text-align: center;">Involuntary →</td> <td style="width: 50px;"></td> </tr> </table>	Voluntary →		Involuntary →	
Voluntary →		Involuntary →			

B. Answer the following questions about your new (current or future) position.

1	<p>Is it listed in Appendix A for FY 2004 (e.g., is it a "pre-qualified" position?)</p> <p>(Place an "X" in the appropriate block)</p>	YES. Enter the position number: _____
		NO.
2	<p>If you answered "yes" to question 1, above, do you meet the eligibility criteria for the position?</p>	YES <i>Attach a statement indicating how you meet the eligibility criteria.</i>
		NO
3	<p>If you answered "yes" to question 1, above, does the position listed in FY 04 Appendix A specify any Additional Qualifying Criteria?</p> <p>(Place an "X" in the appropriate block)</p>	YES <i>You must meet the criteria to remain eligible based on assignment to pre-qualifying position. Attach a brief statement explaining how you meet any additional qualifying criteria to your renewal request</i>
		NO

NAME: _____ SSN: _____

LOAN AND SALARY INFORMATION:

Enter the number of qualifying Federal student loans you hold _____

List your total qualifying Federal student loan indebtedness (as of May 1, 2004): (Do not include debt associated with any private student loans. Note that the \$10,000 minimum debt does not apply to recertifications). \$ _____

How much did you personally pay on your qualifying Federal student loans from January 1, 2003, through December 31, 2003? \$ _____
DO NOT INCLUDE FY 2003 ASLRP PAYMENTS ISSUED BY DOJ ON YOUR BEHALF

What was your approved ASLRP payment (gross) in FY 2003? \$ _____

Please check one of the blocks below and enter the appropriate information:

_____ I hold an appointment under the excepted Federal service.
As of May 15, 2004, I hold the rank of _____ → GS __, Step __

_____ I am an Assistant U.S. Attorney paid under Title 23, USC.

What is your annual gross salary as of May 15, 2004? \$ _____
Attorneys holding GS status: Use the 2004 GS (base) pay table www.opm.gov/oca/04tables/indexGS.asp. Do not include locality pay.
AUSAs: Use current AD pay scale for your salary. Do not include locality pay.

If you graduated from law school in 2003, check here if your qualifying Federal student loan repayments were tolled for part of the year. _____

- Complete the block below for each of your existing, qualifying federal loans.
 - See the ASLRP Policy for information about qualifying loans
- List them in the order you wish the incentive payments to be credited.
- If you have more than two outstanding loans, use the loan information continuation page at the end of Part I to continue. Note that one block must be completed for each **loan**, even if all loans are with the same **lender**.
- Attach a letter/statement from each **lender** or **loan servicing organization** for **each** loan indicating that the loan is current and in good standing and reflecting the 2003 payment history and current balance. A monthly payment statement or cancelled check will not suffice.

NAME: _____ SSN: _____

Attach a statement from each loan holder documenting the status, 2003 payment history, and balance of this loan.

Loan 1	Amount of outstanding balance:	\$
	Date of above outstanding balance:	
	Loan holder/servicing organization (complete name, address, telephone number)	
	Loan identification number	
	Type of Loan (e.g., Stafford, Direct)	
	Payment amount and frequency (e.g., monthly/quarterly/annually)	\$ _____ per _____
	Due date of the next payment	
	Amount you personally paid between Jan 1 and Dec 31, 2003	\$
	Amount ASLRP paid on your behalf in FY 2003	\$
	Amount due in the next 12 months	\$

Loan 2	Amount of outstanding balance:	\$
	Date of above outstanding balance:	
	Loan holder/servicing organization (complete name, address, telephone number)	
	Loan identification number	
	Type of Loan (e.g., Stafford, Direct)	
	Payment amount and frequency (e.g., monthly/quarterly/annually)	\$ _____ per _____
	Due date of the next payment	
	Amount you personally paid between Jan 1 and Dec 31, 2003	\$
	Amount ASLRP paid on your behalf in FY 2003	\$
	Amount due in the next 12 months	\$

NAME: _____ SSN: _____

I certify that all the information I submitted (including materials in Part I-A, if applicable) is true and correct. I further certify that I am not in default on any qualifying Federal student loan, whether or not listed here. I have read the Attorney Student Loan Repayment Program policy for 2004. I fully understand the Employee and Employer responsibilities, the Department "matching fund" policy, and the eligibility requirements, and agree to comply with them. I understand that the Department does not guarantee incentive payments beyond the current fiscal year. I certify that there are no performance or disciplinary issues that render me ineligible for this program. I understand that I may be subject to administrative and/or disciplinary action, including but not limited to termination of the loan repayment incentive, if I provide false information.

Signature:

Date:

Print, sign and date this document. Submit the original and two copies of your complete request for renewal to your component / office ASLRP point of contact for further action.

At this stage, a complete request must include:













- Part I: Request for Renewal with
 - Tab A: a current copy of each lender's statement of account status, 2003 payment history, and current balance on each loan
 - if loans were consolidated since the initial award in FY 2003, documentation from the lender showing that the original loan(s) were qualifying loans,
 - Tab B: a copy of your resume
 - if you moved from the position held at time of original ASLRP selection or are going to move to a new position before May 1, 2005, and if applicable, statements explaining how you meet the eligibility criteria of the new position and any additional qualifying criteria listed in FY 2004 Appendix A.













OARM WILL NOT PROCESS INCOMPLETE REQUESTS OR ATTACH MISSING DOCUMENTS SUBMITTED SEPARATELY

Component/Office points of contact for submission of ASLRP requests are listed on the OARM web page. If your component/office/bureau/board or equivalent is not listed, request guidance through your supervisory channels on how to submit to the component / office / bureau / department head.

LOAN INFORMATION CONTINUATION PAGE

NAME:  SSN: 

Loan 	Amount of outstanding balance:	\$ 
	Date of above outstanding balance:	
	Loan holder/servicing organization (complete name, address, telephone number)	
	Loan identification number	
	Type of Loan (e.g., Stafford, Direct)	
	Payment amount and frequency (e.g., monthly/quarterly/annually)	\$  per 
	Due date of the next payment	
	Amount you personally paid between Jan 1 and Dec 31, 2003	\$ 
	Amount ASLRP paid on your behalf in FY 2003	\$ 
	Amount due in the next 12 months	\$ 

Loan 	Amount of outstanding balance:	\$ 
	Date of above outstanding balance:	
	Loan holder/servicing organization (complete name, address, telephone number)	
	Loan identification number	
	Type of Loan (e.g., Stafford, Direct)	
	Payment amount and frequency (e.g., monthly/quarterly/annually)	\$  per 
	Due date of the next payment	
	Amount you personally paid between Jan 1 and Dec 31, 2003	\$ 
	Amount ASLRP paid on your behalf in FY 2003	\$ 
	Amount due in the next 12 months	\$ 

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

5 U.S.C § 5379

Purpose and Uses

The main purpose for collecting the information requested on this form is to establish the terms under which an individual receives a student loan repayment benefit under the Attorney Student Loan Repayment Program. The information collected will be used as a basis for payroll actions and to identify and validate qualifying Federal student loans. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for worker compensation claims, and to lending or educational institutions to identify and validate qualifying Federal student loans. This information may also be used by the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therein, may also be used within the Department of Justice for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Account Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can be distinguished only by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate on to the other. In this regard, it is also used by the Department of Justice to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. It also may be used by the Department of Justice to identify and validate qualifying Federal student loans. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this Request for Consideration is voluntary; however, if the Request is submitted, omission of significant information requested would preclude continued processing to determine whether receive an incentive benefit.