

Part II: Renewal Request – Component Review

(Part II must be completed and validated by a component / office (or equivalent) HR representative.)

A. Attorney Information

| | | |
|---|---|----------------------------------|
| 1 | Attorney's Name | |
| 2 | Component / Office (for AUSAs, include district) | |
| 3 | Attorney's grade (including step) (if applicable) | GS _____ Step _____ or N/A _____ |
| 4 | Attorney's annual gross salary as of May 15, 2004 (include any promotions effective by that date) (<i>use 2004 base pay – do not include locality pay</i>) | \$ _____ |
| 5 | Is the attorney serving on a permanent or on a term appointment. If term, specify whether there are at least 2 years remaining on the appointment as of August 1, 2004, and list expiration date. | |
| 6 | Has the attorney been the subject of any performance or disciplinary actions in the past 12 months? (If yes, then specify. Attach information as needed). | |

B. Attorney's Position Information

| | | |
|---|---|---|
| 1 | What is the attorney's current position? | |
| 2 | Has the attorney changed positions within the Department since August 1, 2003, or is the attorney expected to change position before May 1, 2005? | YES |
| | | NO |
| 3 | If the answer in B 2 is "yes," indicate whether the move is voluntary or involuntary? | Voluntary |
| | | Involuntary |
| 4 | If the answer to B 2 is "yes," is the new position listed on Appendix A for FY 2004 (e.g., is it categorized as a "pre-qualified" position)? | YES List number from Appendix A: _____ |
| | | NO |
| 5 | Does the position listed in FY 04 Appendix A specify any Additional Qualifying Criteria and, if so, does the attorney meet those criteria? | YES ("x" the appropriate response below) The attorney ___ meets ___ does not meet the additional qualifying criteria |
| | | NO There are no additional qualifying criteria. |

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Attorney's Name: _____

| | | |
|---|--|--|
| 6 | Is the Renewal Request Complete? For a checklist, visit the ASLRP link at www.usdoj.gov/oarm | YES |
| | | NO – Return to requester for corrective action. |
| 7 | Name of Component HR Representative | |
| 8 | Signature of Component HR Representative | |
| 9 | Work Phone | E-Mail |

If complete, please forward to the component Executive Officer (or equivalent) (or delegate) for further processing.

Part III: Final Component Review (For Department use).

Information in Part III must be confirmed and signed by the Executive Officer of the component (or equivalent), or senior-level delegate.

Attorney's Name: _____

| <i>Place an "x" in the appropriate block</i> | | Yes | No | N/A |
|--|--|-----|-----|-----|
| 1 | Is the attorney in the same position he or she held when originally selected for the FY 03 ASLRP? | | | X |
| 2 | Is the attorney expected to move to a new position before May 1, 2005? | | | |
| 3 | If the attorney moved or is expected to move within the Department, is the new position designated as a "pre-qualified" position by your component in Appendix A for FY 2004? | | | |
| 4 | If "yes" to #3, does the attorney meet the eligibility criteria for the "pre-qualified" position, including any additional qualifying skills identified by your component, as listed in Appendix A for FY 2004 | | | |
| 5 | <p>I am the Executive Officer (or equivalent) of _____ or an authorized designate.</p> <p>I verify that the employee's last evaluation was 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. _____ (initial)</p> <p>Or</p> <p>Employee has been with the Department less than one year and has not qualified for an evaluation: _____ (initial)</p> <p>_____ (Signature) _____ (Date)</p> <p>_____ Printed name</p> | | | |
| 6 | Are Component Comments/Endorsements Attached? | | YES | NO |

Components: Forward the original and two copies of the entire request (Parts I-III with attachments (as required)), through the Head of the Office, Board, Bureau, or Division (or delegate) for comment, as desired, through OARM (Attention: Deana Willis), to the Program Administration Panel for action.