Attorney Student Loan Repayment Program (2004) Organization Input

Part III: Position and Attorney Information Verification. (For Department use). Information in Part III must be provided by the component or office (or equivalent) HR staff.

1	Attorney's Name						
	Component/Office						
	Annual Base Salary (as of May			Grade/step (as of			
	15, 2004) (Do not include locality	\$		May 15, 2004)(only	GS		
	pay.) Verify Part I, block 6.			if GS attorney)	Step		
	Job Title						
	Date entered on duty (or			ter September 30, 2004, stration Panel must grant			
	scheduled to enter on duty):	an exception to policy. Please highlight this					
		requirement in a forwarding endorsement to/ OARM ddmr			<u> </u>		
		UARN	1.		dd mm	уу	
2	What type of request did the		Bequest be	and an assignment to a	"pro qualifi	od"	
	attorney submit? Review Part I, questions 3, 15, and 16, and, if a			ed in Appendix A.	assignment to a "pre-qualified"		
	case-by-case request, Part II to						
	determine the type of attorney's						
	request and the submission		Request bas	sed on "case-by-case" o	consideratio	on.	
	requirements (e.g., justifications, etc.).						
3		For requests based on "pre-qualified" positions					
-	VERIFICATION STEP	only: If all 4 boxes below are not checked, return to					
			-	ection and/or submiss		ase-	
	Is the request complete?	by-case request (submission deadlines apply).					
	Correct number of	Position listed by attorney in Part I, block					
	copies?			priate for this organizat			
	Statements / justifications attached (if	•		tached a statement exp			
	required)?	how he/she met additional qualifying criteria (if any listed for position).					
	Statements from <u>all</u> loan	•		eets pre-qualifying eligi	bility		
	holders?			ed in Appendix A;	onity		
	Signed Service	•		eets any "additional qua	alifying		
	Agreement?			ted for the position, or the			
		no additional qualifying criteria.					
	Is the request accurate? You must verify the attorney's			<u>e</u> " requests <u>only</u> : If a		are	
	submissions. Do <u>not</u> simply reflect	not checked, return to attorney for correction.					
	the attorney's entry from Part I	•		ompleted and attached.	· C ·		
		•		on (high or unique qual			
	Check the blocks on the right		-	need of the Department each resume copy).) 15		
	under the type of request submitted by the attorney (as	•		on-based requests, justi	ification		
	identified in 2, above).			the extent to which the	incation		
				departure would affect t	he		
	If you return the request to the			nt's ability to carry out an			
	attorney for correction, advise the attorney that late			a mission-essential fun			
	submissions to OARM will not			tment-based requests, o	check		
	be accepted.		the block a	nd place an "x" here: _			

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4	Type of appointme term, expiration da specify whether there 3 years remaining on appointment, and list date.	ate. If term, are at least the		
5	Within the past 5 ye there any performar disciplinary issues the render the attorney this program? (If yes specify).	nce or hat may ineligible for		
6	Was the attorney's l evaluation at least a	at the Fully		YES Continue to process request.
	Successful level under Part 430 of Title 5, CFR, or a similar level of performance under another applicable performance management system			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	HR Representativ (Person completing P		Name	
8	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 IV and further processing.

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Part IV: Validation and Certification of Eligibility (For Department use). Information in Part IV must be signed by the Executive Officer of the component (or equivalent), or designate.

Attorney's Name: _____

Plac	Yes	No				
1	The attorney is serving or is being hired to serve in a permanent or					
	qualifying non-permanent appointment.					
2	The attorney has signed and forwarded a valid service agreement for a					
	period of three years.					
3	There are no performance or discipline issues that would render the					
	attorney ineligible for this program.					
4	The attorney is assigned to a pre-qualifying position or post listed in					
	Appendix A by the component/office/bureau/division (etc.).					
5	If "yes" to #4, the attorney meets any additional qualifying criteria listed					
	for the position? If the answer to this question is "no," do not					
	forward to OARM. Notify attorney for correction and resubmission					
	on a "case-by-case" basis. No exceptions to the receipt deadline at OARM are authorized based on such corrective action.					
6	If "no" to #4, has the attorney attached an <u>appropriate</u> case-by-case					
0	justification? (Justifications for retention purposes must include the extent to					
	which the attorney's departure would affect the Department's ability to carry out					
	an activity or perform a mission-essential function).					
	If the answer to this question is "no," do not forward to OARM.					
	Notify attorney for correction. No exceptions to the receipt deadline at					
	OARM are authorized based on such corrective action.					
7	I am the Executive Officer (or equivalent) of					
	or an authorized designate.					
			-1.400			
	I verify that the attorney'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; <i>or</i> that the attorney has been with the Department less than one year and					
	has not qualified for an evaluation; or , that the attorney is a new hire who has not					
	 ASLRP, if approved, is based on recruitment: 		-			
	If based on a pre-qualified position, I certify that the attorney meets my organization's requirements					
	as listed in Appendix A of the ASLRP Policy.					
	If a "case-by-case" request, I certify that the attorney has submitted an appropriate	e iustificat	ion as			
	required by the ASLRP Policy. [This certification neither endorses nor refutes the					
	any substantive comments components wish considered should be attached to the request prior to					
	forwarding to OARM].					
	, ,					
	Typed name dd/mm/yy Signature					

Organizations: Attach Parts III and IV to the <u>OARM Copy</u> of the Request Packet. Forward the entire OARM Copy (Parts I-IV, with Tabs and attachments (as required)), through the Head of the Office, Board, Bureau, or Division (or delegate) <u>for comment</u>, <u>as desired</u>; through OARM (Attention: Deana Willis), to the Program Administration Panel for action. Retain the Component Copy.