

**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.

|          |   |  |  |                                |
|----------|---|--|--|--------------------------------|
| <b>1</b> | Attorney's Name   |  |  |                                |
|          | Component/Office  |  |  |                                |
|          | Annual Base Salary (as of May 15, 2004) (Do not include locality pay.) <b>Verify Part I, block 6.</b>   | \$   | Grade/step (as of May 15, 2004)(only if GS attorney) | GS _____<br>Step _____         |
|          | Job Title   |  |  |                                |
|          | Date entered on duty (or scheduled to enter on duty):   | Please note that if after September 30, 2004, the Program Administration Panel must grant an exception to policy. Please <b>highlight</b> this requirement in a forwarding endorsement to OARM.                |  | ____ / ____ / ____<br>dd mm yy |
| <b>2</b> | <b>What type of request did the attorney submit?</b> Review Part I, questions 3, 15, and 16, and, if a case-by-case request, Part II to determine the type of attorney's request and the submission requirements (e.g., justifications, etc.).  | Request based on assignment to a "pre-qualified" position listed in Appendix A.  |  |                                |
|          |   | Request based on "case-by-case" consideration.   |  |                                |
| <b>3</b> | <b>VERIFICATION STEP</b>  | <b>For requests based on "pre-qualified" positions only: If all 4 boxes below are not checked, return to attorney for correction and/or submission as a case-by-case request (submission deadlines apply).</b> |  |                                |
|          | <b>Is the request complete?</b>   |  |  |                                |
|          | <ul style="list-style-type: none"> <li>Correct number of copies?</li> <li>Statements / justifications attached (if required)?</li> <li>Statements from <u>all</u> loan holders?</li> <li>Signed Service Agreement?</li> </ul>   | <ul style="list-style-type: none"> <li>Position listed by attorney in Part I, block 15 is appropriate for this organization.</li> </ul>  |  |                                |
|          |   | <ul style="list-style-type: none"> <li>Attorney attached a statement explaining how he/she met additional qualifying criteria (if any listed for position).</li> </ul>   |  |                                |
|          |   | <ul style="list-style-type: none"> <li>Attorney meets pre-qualifying eligibility criteria listed in Appendix A;</li> </ul>   |  |                                |
|          |   | <ul style="list-style-type: none"> <li>Attorney meets any "additional qualifying criteria" listed for the position, or there are no additional qualifying criteria.</li> </ul>                                 |  |                                |
|          | <b>Is the request accurate?</b> You must <u>verify</u> the attorney's submissions. Do <u>not</u> simply reflect the attorney's entry from Part I  | <b>For "case-by-case" requests only: If all 3 blocks are not checked, return to attorney for correction.</b>   |  |                                |
|          | <p><i>Check the blocks on the right under the type of request submitted by the attorney (as identified in 2, above).</i></p> <p><b>If you return the request to the attorney for correction, advise the attorney that late submissions to OARM will not be accepted.</b></p>  | <ul style="list-style-type: none"> <li>Part II is completed and attached.</li> </ul>   |  |                                |
|          | <ul style="list-style-type: none"> <li>A justification (high or unique qualifications or special need of the Department) is attached to each resume copy).</li> </ul>   |  |  |                                |
|          | <ul style="list-style-type: none"> <li>For retention-based requests, justification addresses 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. (For recruitment-based requests, check the block and place an "x" here: _____)</li> </ul> |  |  |                                |

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|          |  |        |   |
|----------|--|--------|---|
| <b>4</b> | Type of appointment and, if term, expiration date. If term, specify whether there are at least 3 years remaining on the appointment, and list expiration date.                                     |        |   |
| <b>5</b> | Within the past 5 years, are there any performance or disciplinary issues that may render the attorney ineligible for this program? (If yes, then specify).  |        |   |
| <b>6</b> | 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 |        | <b>YES</b><br>Continue to process request.  |
|          |  |        | <b>NO</b> Do not process this request.<br>Notify attorney of ineligibility for ASLRP  |
|          |  |        | <b>N/A</b> Attorney is newly hired and has not yet qualified for a rating or has not entered on duty.<br>Continue to process request. |
| <b>7</b> | <b>HR Representative</b><br>(Person completing Part III)   | Name   |   |
| <b>8</b> | 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.**

