

## REQUEST FOR CONSIDERATION

### ATTORNEY STUDENT LOAN REPAYMENT INCENTIVE U.S. DEPARTMENT OF JUSTICE FY 2004

- We strongly recommend you read the ASLRP Policy and complete the ASLRP Eligibility Worksheet before beginning the request process.
- Requests must be TYPED or FORM-FILLED – not hand-written, except for initials and signatures.
- It is your responsibility to ensure your request is accurate, complete, and timely. OARM will not process late requests.

**Part I: Complete the Attorney and Loan Information sections of this request.  
(A Privacy Act statement follows Part II).**

**Attorney Information.**

<b>1.</b>	Name:		<b>2.</b>	SSN:	
<b>3.</b>	Type of Request <i>(Place an "X" in the appropriate block.)</i>	Pre-qualified/Retention	<input type="checkbox"/>	Case-by-case/Retention	<input type="checkbox"/>
		Pre-qualified/Recruitment	<input type="checkbox"/>	Case-by-case/Recruitment	<input type="checkbox"/>
<b>4.</b>	Supervisor's Name and work phone:				
<b>5.</b>	Component and/or Office of Assignment				
<b>6.</b>	Annual base salary as of May 15, 2004 <i>(Include any pending promotions, step increases, or raises effective as of May 15, 2004. Do not include locality pay)</i>	\$	Attorneys paid under Title 5 (i.e., GS attorneys) can determine their base salary by selecting the General Schedule and Locality Pay Tables at <a href="http://www.opm.gov/oca/04tables/">www.opm.gov/oca/04tables/</a> . Attorneys paid under Title 23 (i.e., Assistant U.S. Attorneys) can determine their base salary by consulting their Human Relations staff or by visiting <a href="http://www.usa.doj.gov/staffs/ps/specialty/pay_compensation/payinde.html#General">www.usa.doj.gov/staffs/ps/specialty/pay_compensation/payinde.html#General</a>		
<b>7.</b>	Type of Appointment and, if term, end date <i>(e.g., permanent; temporary leading to permanent; or term)</i> Consult your HR staff for assistance if needed.	<i>Attorneys holding term appointments with less than three years remaining before expiration are not eligible. Many new hires hold 14-month temporary appointments that lead to permanent appointments pending adjudication of background investigations (e.g., Honors Program attorneys except those in 1-2 year fellowships/clerkships).</i>			
<b>8.</b>	Date entered on duty (or scheduled to enter on duty)	<b>Note: If after September 30, 2004, request must be approved by the Program Administration Panel as an exception to policy as it crosses into the next fiscal year and thus affects availability of funding.</b>		_ / _ / _ dd mm yy	
<b>9.</b>	Did you (or will you) enter the Department through the Attorney General's Honors Program?	<b>Yes</b>			
		<b>No</b>			
<b>10.</b>	If you have not yet entered on duty, are you currently employed by another Federal agency? <i>(Federal Judicial Law Clerks are not considered permanently employed by another Federal agency).</i>	<b>Yes</b>			
		<b>No</b>			

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

11.	Mailing Addresses	Work	
		Home	
12	Work Telephone Numbers		
13	Fax number		
14.	E-Mail Addresses	Work	
		Home	
15.	I hold or will hold a pre-qualifying position listed in Appendix A? ("X" the appropriate block) (Ensure the position in Appendix A applies to your organization.)	Yes	Enter the position number from Appendix A here: _____, and answer question 16.
		No	Complete Parts I and II, and follow guidance in Appendix C to request consideration on a case-by-case basis. Ensure block 3, above, is correct.
16	If you answered "yes" in 15, above, does the position listed in Appendix A list any Additional Qualifying Criteria?	Yes	<i>You <b>must</b> meet the criteria to request consideration based on a pre-qualifying position. <b>Attach a brief statement explaining how you meet any additional qualifying criteria to your resume prior to submitting your application.</b> If you do not meet the Additional Qualifying Criteria, you must request consideration on a case-by-case basis. <b>Please ensure block 3, above, is correct.</b></i>
		No	You may request consideration based on a pre-qualifying position.

**Loan Information.**

- If loans were consolidated, you must provide documentation from the lender showing that the original loans were qualifying loans.
- If you consolidated your loans with a spouse's loans, you must segregate your qualifying loans and provide supporting documentation for your loans. The burden of explaining/clarifying your loan information so that it is easily understood rests on you.

**17.** Complete the block below for **each** of your existing, qualifying loans. **List them in the order you wish the incentive payments to be credited.** See the ASLRP policy for information on which loans qualify. If you have more than two outstanding loans, use the loan information continuation page to continue. Note that one block must be completed for each **loan**, even if all loans are with the same **lender**. Provide a letter or statement (dated within 45 days prior to the date this request is submitted) from each **lender** or **loan servicing organization** for each loan indicating that the loan is current and in good standing, with your payment history, and reflecting the current balance. A monthly payment statement or cancelled check will not suffice.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I have \_\_\_\_\_ (enter the number) of qualifying Federal student loans.

My total qualifying Federal student loan indebtedness total is: \$ \_\_\_\_\_.  
 (Do not include information about private loans that are not federally guaranteed.)

My 2003 annual payments on qualifying Federal student loans was: \$ \_\_\_\_\_.  
 (Calculate this based on the actual amount you paid from January through December of 2003.  
 If you are a recent law school graduate whose loan payments were tolled for a part of that year,  
 please initial the block below).

I am a recent law school graduate. My qualifying Federal student loan repayments were tolled for part of the most recent calendar year.	
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List the source and amount of any other student loan repayment benefits you receive (e.g., from a law school) in the space below. If none, so state.

If you received a student loan repayment incentive from another Federal agency prior to entering on duty, enter the total amount you received and the name of the agency here:  
 \$ \_\_\_\_\_ Agency: \_\_\_\_\_

<b>Loan 1</b>	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 due in 2004	\$ _____
	<b>Remember to attach a statement from the loan holder showing account balance, account status and payment history for 2003.</b>	

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

<b>Loan 2</b>	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 due in 2004	\$ _____
	<b><i>Remember to attach a statement from the loan holder showing account balance, account status, and payment history for 2003.</i></b>	

***Attach continuation pages as needed to document each qualifying Federal loan.***

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**STATISTICAL DATA ON RACE, ETHNICITY, NATIONAL ORIGIN AND GENDER**

- **Provision of this information is voluntary.**
- **You may elect to provide all, part, or none of the requested information.**

The following information is being collected for statistical purposes only. The provisions of 5 C.F.R. § 537.105(d) requires the Department to adhere to merit systems principles. This page will be separated from your request by OARM prior to forwarding to the Program Administration Panel for consideration.

You will be instructed to submit this page as a separate tab (Tab D) to your request. If you elect not to provide any of this information, simply omit Tab D from your request packet.

Gender:            Male \_\_\_\_\_            Female \_\_\_\_\_

Race/Ethnicity/National Origin: (Please check all that apply)

<b>African-American/Black</b>	
<b>Asian</b>	
<b>Caucasian/White</b>	
<b>Native American/Alaskan Native</b>	
<b>Native Hawaiian/Pacific Islander</b>	
<b>Hispanic/Latino</b>	
<b>Not Hispanic/Latino</b>	
<b>Other</b>	

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

*Please read the certification block carefully before signing and dating. Review the ASLRP policy if you do not understand the terms of this certification.*

**18.** I certify that all the information I provided (including materials in Part II, 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 and understand the Attorney Student Loan Repayment Program policy. I am aware of the eligibility requirements, the “matching funds” provisions, the possible impact of moving to a new position within the Department after selection, and the requirement to continue making personal loan repayments. I understand that the Department does not guarantee future incentive payments beyond FY 2004. I certify that there are no performance or discipline 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.

<b>Signature</b>	
<b>Date</b>	

**Print, sign and date this document. Retain a copy for your records. Submit two copies of the request (one for OARM, one for your organization), *assembled as described below*, to your organization’s ASLRP point of contact. (See Where To Submit Your Request)**

**1. OARM Copy:** Submit 1 copy of Part I (and Part II, if appropriate) with Tabs as specified below. Attach 6 copies of your resume (with 6 copies of any required statements or justifications), to TAB C. At this point, a complete request for OARM consists of:

- **Part I: Attorney and Loan Information**
- **Part II: “Case-by-case” consideration data (if appropriate)**
  - **Tab A:** One current copy of each lender’s statement of account status, 2003 payment history, and current balance on each loan
    - If loans were consolidated, documentation showing the original loans were qualifying loans
  - **Tab B:** Six copies of your resume (EACH with attached statement indicating how you meet additional qualifying criteria (as listed in App. A), or with attached justification for case-by-case consideration, as appropriate)
  - **Tab C:** Your signed Service Agreement (original signature)
  - **Tab D:** Statistical Data on Race, Ethnicity, National Origin, and Gender (optional)

**OARM WILL NOT PROCESS HANDWRITTEN OR INCOMPLETE REQUESTS, ASSEMBLE TABS, MAKE COPIES, OR ACCEPT MISSING DOCUMENTS SUBMITTED SEPARATELY**

**Attorneys requesting “Case-by-Case” consideration should complete Part II, then attach completed Part II to Part I prior to submission.**

**2. Component/office/bureau/division (or equivalent) Copy:** Part I (and Part II for Case-by-Case requests); with one copy of your resume (with any required statements or justifications attached) and one copy of your signed Service Agreement.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**Part II: To accompany requests for “case-by-case” consideration.**

<b>C-1</b>	Component/Office			
<b>C-2</b>	Grade			
<b>C-3</b>	Job Title:			
<b>C-4</b>	Date entered on duty (or scheduled EOD)	(If after September 30, 2004, request must be approved by the Program Administration Panel as an exception to policy due to funding issues).	__ / __ / __ dd mm yy	
<b>C-5</b>	General basis for request: (Place an X in appropriate block(s).  You <i>must</i> justify consideration under at least one of the listed conditions.	<b>High or unique qualifications?</b>	<b>Yes</b>	Attach a justification to your resume (see Appendix C)
			<b>No</b>	No action required.
		<b>Special need of the Department:</b>	<b>Yes</b>	Attach a justification to your resume (see Appendix C)
			<b>No</b>	No action required.
<b>C-6</b>	Are you requesting ASLRP as a retention incentive (must be a current employee)?	<b>Yes</b>	Ensure your justification includes the extent to which your departure would affect the Department’s ability to carry out an activity or perform a mission-essential function.	
		<b>No</b>	No action required.	

- Print this document and attach it to Part I. Sign and date Part I.
- Follow submission requirements and formats listed for Part I including attachment of copies of the justification to your resume.

**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.