

## Data Elements of the Advice Opinion Request Form

### **2.1 Requestor**

#### 2.1.1 Definition

Presumably, a current or former Employee of the Department of Defense (DoD) who wishes a legal opinion from the DoD regarding post-government employment restrictions, as defined by Section 847 of the 2008 National Defense Authorization Act.

#### 2.1.2 Attributes

##### **2.1.2.1 First Name**

Requestor's First Name

Type: Text

Constraints: None

Length: 50

Required

##### **2.1.2.2 Last Name**

Requestor's Last Name

Type: Text

Constraints: None

Length: 50

Required

##### **2.1.2.3 Middle Initial**

Requestor's Middle Initial

Type: Text

Constraints: A-Z

Length: 01

Optional

#### 2.1.3 Business Rules

A Requestor may be any person with access to the World Wide Web.

### **2.2 Request**

#### 2.2.1 Definition

A set of attributes that identify a Requestor, his/her relevant government job experience, and post-government employment activities. In conjunction with answers to the AGEAR Questionnaire, the information enables an Ethics Official to provide an opinion about the Requestor's stated employment prospects after government service.

#### 2.2.2 Attributes

##### **2.2.2.1 Contact Information Attributes**

###### 2.2.2.1.1 e-Mail Address

e-Mail address provided by the Requestor indicating where communications about and the final Opinion Text should be directed.

Type: e-Mail Address

Constraints: None

Length: 250

Optional

#### 2.2.2.1.2 Street Address 1

First line of Requestor's Postal Address

Type: Text

Constraints: None

Length: 50

Required

#### 2.2.2.1.3 Street Address 2

Second line of Requestor's Postal Address

Type: Text

Constraints: None

Length: 50

Optional

#### 2.2.2.1.4 City

City of Requestor's Postal Address

Type: Text

Constraints: None

Length: 50

Required

#### 2.2.2.1.5 State Code

US State code

Type: Enumeration

Constraints: 2-character, alphabetic US States and Territory Codes as copied from FDM , listed alphabetically

Length: 02

Optional

#### 2.2.2.1.6 Country Code

International ISO-3 Country Codes

Type: Enumeration

Constraints: 3-character, alphabetic Country Codes as as copied from FDM, listed alphabetically.

Length: 03

Required

#### 2.2.2.1.7 Zip/Postal Code

US or International Zip Code

Type: Text

Constraints: None

Length: 22

Required

#### 2.2.2.1.8 Telephone

Requestor's Telephone Number

Type: Text  
Constraints: None  
Length: 40  
Optional

#### 2.2.2.1.9 Contact Preference

Flag indicating how Requestor wishes to receive the final Opinion document.  
Type: Enumeration  
Constraints: e-Mail, Postal Mail  
Length: 11  
Required

#### 2.2.2.1.10 Rank/Grade

Requestor's rank (military) or grade/pay plan (civilian)  
Type: Text  
Constraints: None  
Length: 12  
Required

### **2.2.2.2 Additional Request Attributes**

#### 2.2.2.2.1 Last DoD Agency

DoD Agency for which the Requestor worked or is working.  
Type: Text  
Constraints: AGEAR-enabled Agency as defined within FDM  
Length: 20  
Required

#### 2.2.2.2.2 Last DoD Position

Position the Requestor held immediately prior to leaving the DoD.  
Type: Text  
Constraints: None  
Length: 100  
Required

#### 2.2.2.2.3 Last DoD Position Description

Position the Requestor held immediately prior to leaving the DoD.  
Type: Text  
Constraints: None  
Length: 500  
Required

#### 2.2.2.2.4 Date of Separation

Date the Requestor left, or expects to leave, Government service.  
Type: Date  
Constraints: Valid date after January 28, 2008  
Format: mm/dd/yyyy  
Required

#### 2.2.2.2.5 Date of Terminal Leave

Date the Requestor began, or expects to begin, Terminal Leave

Type: Date

Constraints: Valid date after January 28, 2008

Format: mm/dd/yyyy

Optional

#### 2.2.2.2.6 Contractor Employer

Name of the Employer from whom the Requestor will work, or is working for, within 2 years of leaving Government service. Presumably, the Employer is a DoD Contractor.

Type: Text

Constraints: None

Length: 100

Required

#### 2.2.2.2.7 Contractor Position

Position the Requestor will have, or currently has, with the Contractor Employer

Type: Text

Constraints: None

Length: 100

Required

#### 2.2.2.2.8 Contractor Position Description

Description of the Position the Requestor will have, or currently has with the Contractor Employer

Type: Text

Constraints: None

Length: 500

Required

#### 2.2.2.2.9 Date of Employment

Date the Requestor began, or expects to begin working for the Contractor Employer

Type: Date

Constraints: Valid date after January 28, 2008

Format: mm/dd/yyyy

Required

#### 2.2.2.2.10 Military/Civilian Flag

Flag denoting the Requestor's employment status at the time of separation

Type: Text

Constraints: Military, Civilian

Length: 08

Required

#### 2.2.2.2.11 Status

Status of the Request at a point in time. The Status values are tracked.

**Submitted** - Requestor has completed the Questionnaire and submitted the Request. The request has been saved and routed to the selected Agency for administrative review.

**Accepted** - AGEAR Manager has performed initial administrative review of the Request and determined that enough information has been provided such that the Request can be routed for further action with their own Agency. Alternatively, Status reverts to 'Accepted' when undoing a Reject action.

**Opinion in Progress** - Ethics Official has reviewed the Questionnaire and determined that all relevant information has been obtained, and an opinion can be written.

**Closed** - Ethics Official has authored and finalized and Opinion document and sent the Opinion to the Requestor.

**Rejected** - The request did not pass administrative review or could not be processed further (e.g. Ethics Official has never received a response to a query for additional information).

**Amendment In Progress** - Ethics Official decides to render a new Opinion document after the Request has been Closed.

Type: Text

Constraints: Submitted, Accepted, Rejected, Opinion In Progress, Closed

Length: 25

Required

#### 2.2.2.2.12 Status Date

Date the Request is attained the associated Status.

Type: Date

Constraints: None

Format: mm/dd/yyyy hh:mm:ss **{time zone}**

Required

#### 2.2.2.2.13 Confirmation ID

Unique identifier for the Request given to the User and utilized by Ethics Official to manage and track

Type: Integer

Constraints: None

Format: NNNNNNNNNNNNNNNNNNNNNNN

Required