

ASLRP RENEWAL – FORM-FILLABLE VERSION  
INSTRUCTIONS

**Attorneys:** Complete **Parts 1 and 2**, then submit electronically (with one attachment consisting of scanned copies of your loan history) to your component HR Representative. Save a copy for your records.

The loan history must:

- Reflect the 2016 ASLRP payment(s), even if that loan has been paid in full.
- Show your personal payments from January through December of the previous calendar year, not the 12 months preceding submission. ASLRP awards are calculated on a calendar year basis.
- Be titled “Last Name, First Name – ASLRP Renewal Loan History”

**Component HR Representative: Review Parts 1 and 2, then complete Part 3.**

- Check to see if the packet is complete.
- Forward to the Executive Office (or equivalent) or authorized delegate for completion of **Part 4** (final validation).
- When complete, forward entire packet to OARM electronically (Attn: Deana Willis, [deana.willis@usdoj.gov](mailto:deana.willis@usdoj.gov)).
- Ensure loan history attachment is included.
- Retain a copy for your records.

<b>PART 1: PERSONAL AND ELIGIBILITY INFORMATION</b>	
<b>1.</b>	Last: _____ First: _____ Middle: _____ Suffix: _____  Last Four SSN: <u>***-**-_____</u>
<b>2.</b>	Component/District (as of June 1, 2017): _____ <input type="checkbox"/> Check box if you moved to a different component or District since you last requested ASLRP. Work Telephone: _____ Email: _____
<b>3.</b>	Did you incur any period of leave without pay or time not in a pay status since you last requested ASLRP? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates: _____ <input type="checkbox"/> If absence was due to uniformed service or compensable injury, check this box and attach orders/supporting documents to your loan history. (scanned file)
<b>PART 2: LOAN AND ASLRP PAYMENT DISTRIBUTION INFORMATION</b>	
<b>1.</b>	Enter the number of qualifying federal student loans: _____
<b>2.</b>	List your total Federal student loan indebtedness (estimated as of May 1, 2017) Do <u>not</u> include private student loan debt. Note that the \$10,000 minimum does not apply to renewals. \$ _____
<b>3.</b>	Enter your personal loan payments to qualifying Federal student loans from January 1, 2016 – December 30, 2016. <b>Do not include FY 2016 ASLRP payments.</b> \$ _____
<b>4.</b>	Enter your FY 2016 approved gross (before taxes) ASLRP payment \$ _____
<b>5.</b>	Please check one of the boxes below and enter the appropriate information. <input type="checkbox"/> I hold a general schedule appointment under the excepted Federal service. As of December 31, 2016, I held the grade GS: _____ Step: _____ <input type="checkbox"/> I am an Assistant U.S. Attorney paid under Title 28, USC. As of December 31, 2016, I held the grade of AD _____ My base salary as of December 31, 2016 (not including locality pay) was: \$ _____

6. If you graduated from law school in 2016, were your qualifying Federal student loan payments were tolled for part of the year?  No  Yes  
 (Enter dates payments were tolled (mo/year): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_)

7. **CURRENT LOAN INFORMATION/LOAN HISTORY:**

- Complete the table below for each of your qualifying Federal student loans.
  - If you have more than two loans, use the [loan information continuation page](#) to add additional loans.
  - The table must be completed for each **loan**, even if all loans are with the same **lender**.
- List loans in the order you wish the ASLRP payment to be issued. Please note that your loan agreement may direct the internal distribution of payments – you must personally insure that ASLRP payments are applied only to qualifying federal student loans and not to private loans.
- Attach **one scanned document** (loan history) consisting of a letters, statements, or Internet printouts from lenders or loan servicing organizations for each loan demonstrating that loan payments are current, that the loan is in good standing, and:
  - Showing your personal payments for the previous calendar year (**January – December, not the 12 months preceding this submission**); and
  - The distribution of any ASLRP payments issued to that loan. If your prior ASLRP payment was applied to a loan that is now paid off, include that loan and show the ASLRP payment.

	Loan 1	Loan 2
Amount owed:	\$ _____	\$ _____
Date corresponding to balance above:	_____	_____
Loan holder / Loan Servicing Organization: <i>Enter the loan holder's name, the address to which <u>payments</u> are sent, which may differ from the regular business address.</i>		
Account Number / Loan Identification Number <i>Provide complete information DOJ should list on the payment issued to your loan holder.</i>	_____	_____
Your regular payment amount and frequency (e.g., monthly, quarterly, annually)	\$ _____ per _____	\$ _____ per _____
Amount you paid to this loan between January 1 and December 31, 2016.	\$ _____	\$ _____
Net amount of ASLRP payment applied to this loan in 2016.	\$ _____	\$ _____
Amount you will pay to this loan in 2017	\$ _____	\$ _____

**8.** I have reviewed my payment history. I confirm that I received my FY 2016 ASLRP payment and that it was applied only to qualifying Federal student loans (e.g., there were no distributions to private loans; the loan holder credited my ASLRP payment). No Yes

If no, please summarize your corrective action and estimated date by which correction will be implemented below. Additional ASLRP payments cannot be approved until proof of correction is provided to OARM; however, we will continue to process your request during the interim. Once the error is corrected, contact Deana Willis ([Deana.Willis@usdoj.gov](mailto:Deana.Willis@usdoj.gov)).

**9.** Additional Information: Use this space to address any issues you need to raise to OARM's attention.

**ATTORNEY CERTIFICATION:**

I certify that all the information I provided for ASLRP consideration is true and correct, and that I am not in default on any qualifying Federal student loans, whether or not listed here. As part of this certification, I attest that:

- I have read and understand the Attorney Student Loan Repayment Program (ASLRP) policy.
- I understand that the ASLRP is an agency incentive program, not an entitlement, and is subject to availability of funds as determined solely in the discretion of the Department of Justice.
- I understand that ASLRP awards are subject to tax and withholdings, which are deducted before payment is issued to the loan holder.
- I am aware of the eligibility requirements, the “matching funds” provisions, and the requirement to continue making personal payments toward my qualifying Federal student loans while participating in the ASLRP.
- It is my responsibility to monitor my loan accounts and manage my personal payments to ensure the loan holder does not stop taking automatic debits based on receipt of ASLRP payments, or reallocate my automatic payments to non-qualifying loans based on receipt of ASLRP payments (which impacts on future renewal).
- I understand that the ASLRP is a supplement to, not a substitute for, my personal payments to qualifying Federal student loans.
- I understand that accepting ASLRP funds triggers a three-year service obligation to the Department of Justice and not to federal service in general, and that the Department may recoup all payments issued on my behalf (at the pre-tax rate) should I fail to complete my service obligation.
- I understand that I am required to remain compliant with the ASLRP policy and that failure to do so may impact on payment eligibility.
- I acknowledge that periods of leave without pay or other periods in which I am not in a pay status (except absence due to uniformed service or compensable injury) do not count toward completion of my service obligation.
- I have not been the subject of any substantiated misconduct, performance, or disciplinary actions since I was last approved for ASLRP funds. (For questions, contact Deana Willis, [deana.willis@usdoj.gov](mailto:deana.willis@usdoj.gov).)
- I understand that I may be subject to administrative or disciplinary action, including but not limited to termination of the repayment incentive payments, if I provide false information.

Digital Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **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. Disclosure of identifiable information, including the truncated Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Agriculture 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 truncated SSN is mandatory since it is the identifier used by the DOJ Office of the Inspector General and Office of Professional Responsibility when reviewing candidates for awards. The use of the truncated 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 one to the other. 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.

### **Effect of Non-Disclosure**

Provision of this information is voluntary; however, failure to do so may result in non-selection or preclude issuance of payment.

**PART 3: COMPONENT VERIFICATION**

Review LWOP status indicated in Part I, question 3. Are LWOP status and dates correct?  Yes or n/a  No  
If no, enter correct dates: \_\_\_\_\_

Was the applicant the subject of any administrative performance or disciplinary actions in the past 12 months?  
 No  Yes  
If yes, then provide details in a separate attachment.

Has the applicant engaged in substantiated misconduct in the past 12 months?  Yes  No  
If yes, provide details in a separate attachment.

Is base salary as of December 31, 2016 (without locality pay) in Part 2, question 5 correct?  Yes  No  
If, no enter correct amount: \$ \_\_\_\_\_

HR Representative's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

HR Representative Digital Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4: COMPONENT VALIDATION:**

I am the Executive Office (or equivalent) or an authorized designate of: \_\_\_\_\_

- I certify that the attorney's last performance 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; or that the attorney has been with the Department less than one year and has not qualified for an evaluation.
- I certify that the attorney meets the requirements to receive ASLRP (OARM will validate loan data).

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Loan Continuation Page

	Loan <u>  3  </u>	Loan <u>  4  </u>
Amount owed:	\$ _____	\$ _____
Date corresponding to balance above:	_____	_____
Loan holder / Loan Servicing Organization:  <i>Enter the loan holder's name, the address to which <u>payments</u> are sent, which may differ from the regular business address.</i>		
Account Number / Loan Identification Number <i>Provide complete information DOJ should list on the payment issued to your loan holder.</i>	_____	_____
Your regular payment amount and frequency (e.g., monthly, quarterly, annually)	\$ _____ per _____	\$ _____ per _____
Amount you paid to this loan between January 1 and December 31, 2016.	\$ _____	\$ _____
Net amount of ASLRP payment applied to this loan in 2016.	\$ _____	\$ _____
Amount you will pay to this loan in 2017	\$ _____	\$ _____