

**Part 3: Renewal Request - Component Review**

(Part 3 must be completed and validated by a component / office (or equivalent) HR representative.)

**A. Attorney Information**

1	Attorney's Name	
2	Component / Office (for AUSAs, include district)	
3	Attorney's grade (including step) (if applicable)	GS _____ Step _____ or N/A _____
4	Attorney's annual gross salary as of December 31, 2015 ( <i>use 2015 base pay - do not include locality pay</i> )	\$ _____
5	Has the attorney been the subject of any performance or disciplinary actions in the past 12 months? (If yes, then specify. Attach information as needed).	
6.	Has the attorney engaged in substantiated misconduct in the past 12 months? (if yes, then specify. Attach information as needed).	

**B. Attorney's Position Information**

1	What is the attorney's current position?	
2	Was the attorney in a leave without pay status or in any other non-pay status since March 2015?	YES <input type="checkbox"/>
		NO <input type="checkbox"/>
3	If the answer in B 2 is "yes," was the absence due to uniformed service or compensable injury?	YES <input type="checkbox"/> (Ensure copy of orders or other documentation is attached. No extension of service obligation completion date is required.)
		NO <input type="checkbox"/> List dates of absences below, then correct component records to extend the existing service obligation completion date by the total amount of time spent in non-pay status.
4	Is the Renewal Request Complete? For a checklist, visit the ASLRP link at <a href="http://www.usdoj.gov/oarm/aslrp/checklist.pdf">http://www.usdoj.gov/oarm/aslrp/checklist.pdf</a>	YES <input type="checkbox"/>
		NO <input type="checkbox"/> Return to requester for corrective action.
5	Name of Component HR Representative	
6	<b>Signature of Component HR Representative</b>	
7	Work Phone	E-Mail

If complete, please forward to the component Executive Officer (or equivalent) (or delegate) for further processing.