



## Salary Approval Request Form for Department of Justice Equitable Sharing Program Funds

Select the appropriate salary provision and fill in the fiscal year for your request. A separate request form must be submitted for each salary type requested.

Task Force Replacement Officer (TFO)

School Resource Officer (SRO) / Drug Abuse Resistance Education (DARE) Officer

Fiscal Year: \_\_\_\_\_

Fill in the fields below with the appropriate requester name, requester email, and agency information including the agency name and NCIC code.

### Agency Information

Agency Name: \_\_\_\_\_

Agency NCIC: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Requester Email: \_\_\_\_\_

### Required Documentation

The following documentation must be submitted with your Salary Approval Request Form. Check the "Attached" box to confirm the required documentation is enclosed for review.

<b>Required Documentation</b>	<b>Attached</b>
A description of the position that will be paid for with equitable sharing funds, the estimated cost of the position, and proof of staffing levels (i.e., proof of currently budgeted positions and that all currently budgeted positions are filled).	
Documentation that demonstrates sufficient equitable sharing funds on hand to pay for the estimated costs (i.e., equitable sharing account balance statement, ledger, or budget earmark).	
Documentation that demonstrates sufficient alternate funds (i.e., statement or ledger confirming the alternate account balance) to: 1) support the replacement position or a commitment to terminate the replacement position should the TFO leave the federal task force and return to his or her position; or 2) fund the DARE/SRO officer position for the time the officer does not perform DARE/SRO duties (if not performed full time).	



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### Certifications

As the Agency Head requesting to use equitable sharing funds for salaries:

I certify that our agency has implemented policies and procedures regarding the use of equitable sharing funds to pay for salaries.

I certify that, as a participant in the Equitable Sharing Program, our agency agrees to abide by federal Equitable Sharing Program policy and guidance and violations of such may result in sanctions, up to and including permanent exclusion from the Program, as set forth in the *Guide*.

This form must be signed by the Agency Head. An electronic or wet signature is permitted.

### Agency Head

Name:

Title: \_\_\_\_\_  
\_\_\_\_\_

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

Do not lock the form after applying signature, locking the form may require resubmission of the request.

Email completed form, required documentation, and questions to the Department of Justice  
Equitable Sharing Program at [MLARS.ESProgram@usdoj.gov](mailto:MLARS.ESProgram@usdoj.gov)

**FOR INTERNAL USE ONLY:** Check the appropriate box to approve or deny the salary approval request.

Approve

Deny

Signature: \_\_\_\_\_