

**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 documents) to your component HR Representative. See <https://www.justice.gov/oarm/contacts> for component representatives. AUSAs: submit to your District ASLRP contact, usually the Administrative Officer or Human Resources Officer/Specialist. Save a copy for your records.

**The loan documents must establish the following for each student loan:**

- Borrower's name
- Loan holder's identity (e.g., Department of Education; Navient, etc.)
- Loan status (must be in good standing)
- Loan account number(s) & any associated loan identification number(s)
- Type of loan (e.g., Direct, Stafford, etc.)
- Loan balance
- Your 2024 ASLRP payment(s) - highlight or circle payments made to your loan by DOJ

- Be titled "Last Name, First Name - ASLRP Renewal Loan Documents"

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

- Check to see if the packet is complete and labeled correctly.
- **Component:** HR Representative or Delegate should complete and sign Part 3. Forward to the Executive Officer (or equivalent) or authorized delegate to complete and sign Part 4 (final validation). Forward entire packet to OARM electronically (Attn: Deana Willis, [deana.willis@usdoj.gov](mailto:deana.willis@usdoj.gov)) when complete.
- **Districts:** HR Staff (HR Officer/Admin Officer if non-SPO) complete and sign Part 3; Part 4 to be completed & signed in the District by the AO/FAUSA/USA Attorney. Forward to [USAEO.USAO.ASLRP.Requests@usa.doj.gov](mailto:USAEO.USAO.ASLRP.Requests@usa.doj.gov) for review. EOUSA will forward to OARM.
- Ensure loan documents attachment is included.
- Retain a copy for your records.

| <b>PART 1: PERSONAL AND ELIGIBILITY INFORMATION</b> |   |
|---|---|
| 1.  | Last: _____ First: _____ Middle: _____ Suffix _____<br>Last Four SSN: ****  |
| 2.  | Component or USAO:<br><input type="checkbox"/> Check box if you moved to a different Main Justice component or District since you last requested ASLRP.<br>Work Telephone: _____ Email: _____   |
| 3.  | Did you incur any period of leave without pay or time not in a pay status since you last requested ASLRP?<br><input type="checkbox"/> No.<br><input type="checkbox"/> Yes, Dates: _____<br><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> |   |    |
|--|---|----|
| 1.   | Enter the number of qualifying federal student loans:   |    |
| 2.   | List your total Federal student loan indebtedness (estimated as of June 1, 2026). Do <u>not</u> include private student loan debt. Note that the \$10,000 minimum does not apply to renewals.   | \$ |
|  | Space Reserved for Official OARM Use Only.  |    |
| 3.   | Enter your FY 2024 approved gross (before taxes) ASLRP payment  | \$ |
| 4.   | <p>Please check one of the boxes below and enter the appropriate information.</p> <p>GS Attorneys: I hold a general schedule appointment under the excepted Federal service and as of December 31, 2025, I held the grade of GS _____, Step _____.</p> <p>AUSAs: I am an Assistant U.S. Attorney paid under Title 28, U.S.C. As of December 31, 2025, I held the grade AD _____.</p> <p>Immigration Judges: I hold an appointment under the excepted Federal service and as of December 31, 2025, I held the grade of IJ-_____.</p> <p>Senior Executive Service/Senior Level: I hold a Senior Executive Service or Senior Level appointment that is not a Schedule C appointment and as of December 31, 2025, I held the grade of (specify SES or SL):</p>  |    |
| 5.   | <p><b>CURRENT LOAN INFORMATION/LOAN HISTORY:</b></p> <ul style="list-style-type: none"> <li>• Complete the table below for each of your qualifying Federal student loans. <ul style="list-style-type: none"> <li>○ If you have more than two loans, use the <u>loan information continuation page to add additional loans.</u></li> <li>○ The table must be completed for each <b>loan</b>, even if all loans are with the same <b>lender</b>.</li> </ul> </li> <li>• 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 ensure that ASLRP payments are applied only to qualifying federal student loans and not to private loans.</li> <li>• Attach one scanned document consisting of letters, statements, or Internet printouts from each lender or loan servicing organization for each loan demonstrating that the loan is qualifying, current and in good standing, and: <ul style="list-style-type: none"> <li>○ Borrower's name</li> <li>○ Loan holder's identity (e.g., Department of Education; Navient, etc.)</li> <li>○ Loan status (must be in good standing)</li> <li>○ Loan account number(s) &amp; any associated loan identification number(s)</li> <li>○ Type of loan (e.g., Direct, Stafford, etc.)</li> <li>○ Loan balance</li> <li>○ ASLRP payments made to each loan</li> </ul> </li> </ul> |    |

|  | Loan 1      | Loan 2      |
|--|-------------|-------------|
| Loan Holder / Loan Servicing Organization:<br>Enter the name and complete payment mailing address (not general business address)                       |             |             |
| Is this loan owned by the U.S. Department of Education (even if serviced by a commercial entity)? (Yes or No)  |             |             |
| Is this a commercially owned Federal Family Education Loan Program (FFELP) loan? (Yes or No)   |             |             |
| Account Number and Loan Identification Number:<br>Provide all information required to direct payment to your loan (e.g., Account ABC123456, Loan 1-02) |             |             |
| Loan balance and date:   | \$<br>As of | \$<br>As of |
| Amount of ASLRP payment applied to this loan in 2024.  | \$          | \$          |

|    |   |
|----|---|
| 7. | <p>I have reviewed my payment history. I confirm that I received my FY 2024 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).</p> <p>Yes<br/>No</p> <p>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 (<a href="mailto:Deana.Willis@usdoj.gov">Deana.Willis@usdoj.gov</a>).</p> |
| 8. | 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 expansion of 26 U.S.C. § 127 (e.g., the IRS code) to exclude from an employee's gross income up to \$5250 in qualifying loan repayment benefits.

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.

I understand that I must report to the Department any refund of loan payments made by the Department to my loan holder on my behalf, such as through the Public Service Loan Forgiveness (PSLF) refund, and I acknowledge my responsibility to notify the Department if I receive any such refund in the future. I understand that payments made by the Department for my student loan debt that were subsequently refunded to me constitute SLRP overpayments and that I am obligated to return those funds to the Department, absent a waiver from the Attorney General or his authorized delegate.

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

**General**

This information is provided pursuant to the to the Privacy Act of 1974, 5 U.S.C. § 552a.

**Authority for Collection of Information**

5 U.S.C § 5379; 5 CFR Part 537.

**Purpose and Uses**

This form requests personal information that is relevant and necessary for the Department of Justice to evaluate qualifications for an employee to receive student loan repayment benefits under the Attorney Student Loan Repayment Program. The information collected also 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 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. The Office of Attorney Recruitment and Management, which manages the Attorney Student Loan Repayment Program, has the authority to ask for this information pursuant to 5 U.S.C. §301, and 28 C.F.R. Part 0.15(b)(2). This information can be shared in accordance with routine uses as published in system of record notice JMD-024, Attorney Student Loan Repayment Program Applicant Files, 71 FR 64740 (11-03-2006), as modified by 82 FR 24147 (5-25-2017) (See <https://www.govinfo.gov/content/pkg/FR-2017-05-25/pdf/2017-10780.pdf>).

**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 also used to identify an employee's personnel, leave, and pay records and to relate one to the other and to identify and validate an employee's 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 (e.g., Department of Justice Payroll System, 69 FR 107 (1-02-2004); 27 FR 51663 (9-10-2007), as modified by 82 FR 24151, 158 (5-25-2017).

**Effect of Non-Disclosure**

Provision of this information (except for the truncated SSN, as discussed above) is voluntary; however, failure to do so may result in non-selection or preclude issuance of payment. Provision of demographic information is completely voluntary; there are no consequences associated with non or partial response to those questions.

**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 attorney the subject of any performance-based actions within the past 24 months or is the attorney the subject of an ongoing performance-based action?

- Yes
- No

If yes, then provide details in a separate attachment.

Has the attorney been disciplined for misconduct (formally or informally, including oral counseling) within the past 24 months or is the attorney the subject of an ongoing investigation or disciplinary action for alleged misconduct?

- Yes
- No

If yes, provide details in a separate attachment.

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: \_\_\_\_\_