

## NIH AWARD NOMINATION

### PART 1 - PERSONAL INFORMATION

(Complete all items)

**Individual Nomination** (Check this block for Special Act, Performance, On-the-Spot, Time Off, QSI, Referral, Suggestion & Invention Awards only)

**Group Nomination** (Check this block for Special Act, On-the-Spot, Time Off, Suggestion & Invention Awards only)  
(use next page to provide information for each employee)

1. Employee's Name: Last, First, MI	2. IC/Organization	
3. Social Security Number	4. EHRP EMPLID	4a. Period Covered by Nomination From: _____ To: _____
5. Position Title, Pay Plan, Series, Grade, Step (complete for individual awards only)		

### PART 2 - AWARD INFORMATION

(Check the appropriate box for all nominations)

6. Type of Award Recognition (check one):

<input type="checkbox"/> Special Act Award (complete items 7, 9, & Part 3)  <input type="checkbox"/> On-the-Spot Award (complete item 9, & Part 3)  <input type="checkbox"/> Performance Award/Bonus (complete item 9 & Part 3)  <input type="checkbox"/> Quality Step Increase (complete items 8, 9 & Part 3)	<input type="checkbox"/> Time Off Award (complete item 9 & Part 3)  <input type="checkbox"/> Suggestion Award (complete items 7, 9 & Part 3) Suggestion #: _____  <input type="checkbox"/> Invention Award (complete items 7, 9 & Part 3) Patent #: _____  <input type="checkbox"/> Referral Bonus (complete Part 3)
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Date of Employee's Last Quality Step Increase: \_\_\_\_\_

Date of last Within -Grade Increase: \_\_\_\_\_ (if QSI is recommended)

7. Award Amount Calculation [complete A (Tangible) or B (Intangible)]

A. Tangible Savings First-Year Benefit Amount: \$ \_\_\_\_\_ (Refer to chart on Page 12 of <http://www1.od.nih.gov/oma/manualchapters/person/2300-451-1/>)

B. Intangible Savings (check as appropriate in 1 & 2 below) (Refer to chart on Page 11 of <http://www1.od.nih.gov/oma/manualchapters/person/2300-451-1/>)

(1) Value of Benefits <input type="checkbox"/> Small/Moderate <input type="checkbox"/> Moderate/Substantial <input type="checkbox"/> Substantial/Extended	(2) Extent of Application <input type="checkbox"/> Limited (impacts a specific, small work unit to as large as a division or IC) <input type="checkbox"/> Broad (impacts several ICs or all of NIH) <input type="checkbox"/> General (impacts the mission of other components of DHHS, or of other agencies)
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8. QSI Certification: I certify that 52 weeks has passed since the employee's last QSI. I also certify that the employee's performance elements and standards for the current position were thoroughly reviewed prior to submission of this nomination, that the employee's performance warrants such recognition, and that this level of performance is expected to continue in the future.

\_\_\_\_\_ Date

Initiating Official's Signature

9. **A narrative statement describing the employee's level of performance/achievement that warrants recognition is attached.**

### PART 3 – APPROVAL SIGNATURE

(At a minimum, complete items 10, 12 and 14 for all nominations)

10. Initiating Official (Name & Title):	Signature:	Date:	Amount or Hours:
11. Endorsing Official (Name & Title):	Signature:	Date:	Amount or Hours:
12. Approving Official (Name & Title):	Signature:	Date:	Final Approved Amount or Hours:
13. Fiscal Official (Name & Title):	Signature:	Date:	
14. Human Resources Reviewing Official (Name & Title):	Signature:	Date:	

(Signature certifies that all delegations have been verified)

Proposed Effective Date: \_\_\_\_\_

