

 <p>U.S. DEPARTMENT OF AGRICULTURE EMPLOYEE SUGGESTION FORM</p>	<p>SOLUTIONS SAVE SO \$UBMIT \$UGGESTIONS</p> <p>SUGGESTOR: Complete Items 1 thru 11. Please print or type except for signature.</p>		
<p>1. CURRENT SITUATION: <i>(Describe the present procedure, condition, etc., in full detail.)</i></p> 			
<p>2. EXPLAIN YOUR SUGGESTION: INCLUDE SPECIFIC RECOMMENDATIONS FOR CHANGE.</p> <p style="text-align: center;"><i>(If you need additional space, attach a separate sheet of paper.)</i></p>			
<p>3. I BELIEVE MY SUGGESTION WILL:</p> <p> <input type="checkbox"/> Increase Productivity <input type="checkbox"/> Increase Service <input type="checkbox"/> Improve Methods <input type="checkbox"/> Reduce Costs <input type="checkbox"/> Prevent Injuries & Illnesses <input type="checkbox"/> Improve Quality <input type="checkbox"/> Other <i>(Identify):</i> _____ </p>			
<p>4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION INCLUDING THE MEASURABLE OR NONMEASURABLE SAVINGS THAT WOULD RESULT.</p> 			
<p><i>The acceptance by me of an award for this suggestion shall constitute an agreement that the use of the suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.</i></p>			
5. SUGGESTOR'S NAME: <i>(Print or Type)</i>	6. SIGNATURE	7. AGENCY	8. DATE
9. TELEPHONE/FAX:	10. OFFICE MAILING ADDRESS	11. E-MAIL ADDRESS	
SUGGESTION COORDINATOR <i>(Complete Items 12, 13, 14, 15 AND 16A.)</i>			
12. DATE SUGGESTION RECEIVED:	13. RECEIVED BY:	14. TITLE	15. SUGGESTION TRACKING NO.
EVALUATING OFFICE <i>(Complete Items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.)</i>			
16A. EVALUATING OFFICE	B. RECOMMENDED ACTION <i>(Attach Written Comments)</i>	C. SIGNATURE OF EVALUATOR	D. TRACKING NO. E. DATE
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____		

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE				CASE NO. (Personnel Use Only)				
RECOMMENDATION & APPROVAL OF AWARDS								
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.								
1. AGENCY GIPSA		2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.						
3. SOCIAL SECURITY NO. 123-45-6789		4. POSITION TITLE Agrl Commod Grader (Grain)			5. PAY PLAN- SERIES / GRADE / STEP GS-1980-09/05			
6. ORGANIZATION AND LOCATION New Orleans, LA		7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 01/17/96 To:			8. ACCOUNTING CODE 1234567			
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input checked="" type="checkbox"/> OTHER (Specify address): →		(ADDRESS) USDA, GIPSA, FGIS P.O. Box 640 Destrehan, LA 70047						
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.) None								
11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.) EMPLOYEE IS BEING RECOGNIZED FOR: Submitting an employee suggestion to install ground-fault electrical outlets at Federal Grain Inspection Service work locations with water sources.								
COMPLETE THE APPROPRIATE AWARD SECTION								
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)							
	<input checked="" type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *		<input type="checkbox"/> EXTRA EFFORT AWARD *		<input type="checkbox"/> SPOT AWARD		<input type="checkbox"/> TIME OFF AWARD **	
	<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> GAINSHARING AWARD					<input type="checkbox"/> OTHER *
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.								
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$300.00	15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check approp. box) →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$			
				<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS Moderate	APPLICATION Extended		
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)							
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *		<input type="checkbox"/> QUALITY STEP INCREASE *					Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$					
RECOMMENDATION AND APPROVAL								
20. RECOMMENDING INDIVIDUAL (Signature)			DATE	21. REVIEWING OFFICIAL (Signature)			DATE	
TITLE: Field Office Manager				TITLE:				
22. APPROVING OFFICIAL (Signature & Title)						DATE		
Director, Field Management Division								
PERSONNEL USE ONLY								
23. AGENCY CODE / POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE		
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED		
☆ U.S. GOVERNMENT PRINTING OFFICE 1995-617-376				Form AD-287-2 (7/94)				