

<p>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.</p>		<p>U.S. DEPARTMENT OF AGRICULTURE</p>		<p>CASE NO. (Personnel Use Only)</p>	
<p>RECOMMENDATION & APPROVAL OF AWARDS</p>					
<p>NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.</p>					
<p>1. AGENCY GIPSA</p>		<p>2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.</p>			
<p>3. SOCIAL SECURITY NO. 123-45-6789</p>		<p>4. POSITION TITLE Agrl Commod Grader (Grain)</p>		<p>5. PAY PLAN- SERIES / GRADE / STEP GS-1980-09/05</p>	
<p>6. ORGANIZATION AND LOCATION New Orleans, LA</p>		<p>7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 10/01/95 To: 09/30/96</p>		<p>8. ACCOUNTING CODE 1234567</p>	
<p>9. IF AWARD APPROVED, MAIL CHECK TO:</p> <p><input type="checkbox"/> SALARY CHECK ADDRESS</p> <p><input type="checkbox"/> OTHER (Specify address): →</p>		<p>(ADDRESS)</p>			
<p>10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)</p> <p>8 hours time off - 3/5/96 8 hours time off - 12/11/95</p>					
<p>11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)</p> <p>EMPLOYEE IS BEING RECOGNIZED FOR:</p> <p>Sustained superior performance contributing to the increased effectiveness and efficiency of the New Orleans Field Office and the Federal Grain Inspection Service.</p>					
<p>COMPLETE THE APPROPRIATE AWARD SECTION</p>					
<p>EXTRA EFFORT AWARD</p>	<p>12. TYPE OF RECOGNITION RECOMMENDED (check one)</p> <p><input 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"/> OTHER *</p> <p><input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD</p> <p>* 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.</p>				
	<p>13. NO. OF PERSONS</p>	<p>14. TOTAL AWARD (Give dollar amount / hours, or value of item)</p>	<p>15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) →</p>	<p><input type="checkbox"/> MEASURABLE BENEFITS SCALE</p>	<p>ESTIMATED FIRST YEAR SAVINGS \$</p>
				<p><input type="checkbox"/> NONMEASURABLE BENEFITS SCALE</p>	<p>VALUE OF BENEFITS APPLICATION</p>
	<p>16. TYPE OF RECOGNITION RECOMMENDED (check one)</p> <p><input type="checkbox"/> PERFORMANCE BONUS AWARD * <input checked="" type="checkbox"/> QUALITY STEP INCREASE *</p> <p>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.</p> <p>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</p>				
<p>17. DATE OF LAST PROMOTION 11/26/93</p>	<p>18. DATE OF LAST WITHIN GRADE INCREASE 11/25/94</p>	<p>19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$</p>			
<p>RECOMMENDATION AND APPROVAL</p>					
<p>20. RECOMMENDING INDIVIDUAL (Signature)</p>		<p>DATE</p>	<p>21. REVIEWING OFFICIAL (Signature)</p>		<p>DATE</p>
<p>TITLE: Assistant Field Office Manager</p>			<p>TITLE: Field Office Manager</p>		
<p>22. APPROVING OFFICIAL (Signature & Title)</p> <p>Director, Field Management Division</p>					<p>DATE</p>
<p>PERSONNEL USE ONLY</p>					
<p>23. AGENCY CODE / POI</p>	<p>24. DATE EFFECTIVE</p>	<p>QUALITY STEP INCREASE: →</p>	<p>25. TO: (Grade & Step)</p>	<p>26. NEW SALARY</p>	<p>27. RATE</p>
<p>I certify that the proposed action is in compliance with statutory and regulatory requirements</p>			<p>29. PERSONNEL OFFICIAL (Signature & Title)</p>		<p>28. PAY RATE DETERMINANT CODE</p>
					<p>DATE PROCESSED</p>
<p>☆ U.S. GOVERNMENT PRINTING OFFICE 1995-617-376</p>					<p>Form AD-287-2 (7/94)</p>

JUSTIFICATION FOR QUALITY-STEP INCREASE AWARD

(Provide written justification stating the reasons for and examples of the outstanding performance.)