

NOMINATION FOR AWARD

Justification for Award Continuation Sheet. *(Include a concise citation to be used on the award certificate).*

PART II - ACTION TAKEN/TIME OFF FROM DUTY AWARD - Optional - For period not to exceed one work day.

Bureau/Post Approval (Name, Title)	Date (mm-dd-yyyy)
Bureau/Post Approval (Signature)	

PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE

<input type="checkbox"/> Approve	Date (mm-dd-yyyy)	Remarks
<input type="checkbox"/> Disapprove		
Cash Awards Only - Approved Amount		
Typed Name of Committee Chairperson		
Signature of Committee Chairperson		

PART IV - ACTION TAKEN BY CHIEF OF MISSION

<input type="checkbox"/> Approve	Date (mm-dd-yyyy)	Remarks
<input type="checkbox"/> Disapprove		
Cash Awards Only - Approved Amount		
Typed Name of Chief of Mission		
Signature of Chief of Mission		

PART V - ACTION TAKEN BY AREA AWARDS COMMITTEE

<input type="checkbox"/> Approve	Date (mm-dd-yyyy)	Remarks
<input type="checkbox"/> Disapprove		
Cash Awards Only - Approved Amount		
Typed Name of Committee Chairperson		
Signature of Committee Chairperson		

Certification: All Committee members reviewing this nomination have attended Diversity Awareness Training for awards committee members.

PART VI - ACTION TAKEN BY DEPARTMENT AWARDS COMMITTEE

<input type="checkbox"/> Approve	Date (mm-dd-yyyy)	Remarks
<input type="checkbox"/> Disapprove		
Cash Awards Only - Approved Amount		
Typed Name and Title		
Signature		

PART VII - FISCAL DATA

Bureau/Post Budget Officer (Name, Signature)	Date (mm-dd-yyyy)	
Accounting Classification (Completed by Bureau/Post Budget Officer)		
Agency	Appropriation	Allotment
Obligation No.	Org. Code	Function
Object	Award Amount	
		For Gift Cheque Use Only
		Obligation
		Net

PART VIII - PAYROLL OFFICE INFORMATION - FOR GIFT CHEQUE USE ONLY

Bureau/Post Awards Officer (Name, Signature)	Date (mm-dd-yyyy)	
Payroll Information (Completed by FMP)		
Gross Amount	Federal Tax Withheld	State Tax Withheld
OASDI Tax Withheld	FHI Tax Withheld	Net Amount