



U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

**TIME-OFF AWARD FORM**

**Part 1: Nomination**

1. Name of Awardee ( <i>Last, First, MI</i> )	2. Social Security No.
3. Office/Bureau/Mission	4. Title and Grade
5. Nominating Official ( <i>Typed Name and Title</i> )	6. Signature and Date
7. Approving Official ( <i>Typed Name and Title</i> )	8. Signature and Date
9. No. of Hours of Time Off Granted	

10. Summary Statement Explaining Basis for Award (*If necessary, use additional sheets and staple to this form*)

**Part 2: Scheduling of Time Off**

**INSTRUCTIONS:** *Upon approval of time-off award, forward original and two copies to M/HR/Agency Awards Coordinator. Time off must be used no later than six months after date of approval. Employee and supervisor must schedule time off on an SF-71. Request for Leave on Approved Absence. For time and attendance purposes, this is carried as excused absence. On SF-71, check block "Other Paid Absence" and indicate "Time-Off Award" in remarks section of SF-71. Forward completed SF-71 and AID 400-11, Time-Off Award Nomination Form, to employee's timekeeper.*

**Part 3: Record of Time Off**

**INSTRUCTIONS:** *Employee's timekeeper will record employee's time off in the space provided.*

Approval Date	Expiration Date (Six months After Date of Approval)	Number of Hours Awarded	Number of Hours Taken	Date Hours Taken	Balance