

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 RECOMMENDATION & APPROVAL OF AWARDS		CASE NO. (Personnel Use Only)
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY USDA, APHIS	2. NAME OF EMPLOYEE (Last, first, middle initial) Traveler, Jane A.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE Management Analyst	5. PAY PLAN-SERIES/GRADE/STEP GS-343-11/2
6. ORGANIZATION AND LOCATION MRPBS, FMD, Riverdale, MD	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 03/20/06 To: 4/13/06	8. ACCOUNTING CODE 98765-43210
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)		
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:		

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)							
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *		<input type="checkbox"/> EXTRA EFFORT AWARD *		<input type="checkbox"/> SPOT AWARD			
<input type="checkbox"/> KEEPSAKE AWARD		<input checked="" type="checkbox"/> GAINSHARING AWARD				<input type="checkbox"/> TIME OFF 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) \$318.13		15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) →		ESTIMATED FIRST YEAR SAVINGS		
				<input type="checkbox"/> MEASURABLE BENEFITS SCALE		\$		
				<input type="checkbox"/> NONMEASURABLE BENEFITS SCALE		VALUE OF BENEFITS APPLICATION		
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 positions 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) /s/ Travel Approving Official		DATE	21. REVIEWING OFFICIAL (Signature) /s/ Award Approving Official		DATE
TITLE:		TITLE:			
22. APPROVING OFFICIAL (Signature & Title)					DATE

PERSONNEL USE ONLY

23. AGENCY CODE/POI	27. 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