

Recommending Individual (Signature)	Date	Reviewing Official (Signature)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title: <input type="text"/>		Title: <input type="text"/>	
Approving Official (Signature & Title)			Date
<input type="text"/>			<input type="text"/>

HONOR AWARD REVIEW APPROVAL

HR Review of Official Personnel Folder	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bureau Office of Civil Rights (Signature)	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department Office of Civil Rights (Signature)	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office of Inspector General (Signature)	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>
Departmental Ethics Office (Signature)	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office of the Solicitor (Signature) (For Non-Departmental Employees)	Date	Finding
<input type="text"/>	<input type="text"/>	<input type="text"/>

JUSTIFICATION

Summary of Accomplishments/Contributions Being Recognized by Award
<input type="text"/>

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 non-merit factors. Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).

DI-451
Rev. 5/08

FINANCIAL ACTION RECORD This record is to initiate payment, accounting and tax transactions for **only** non-monetary recognition of significant value.

Recipient Name:

Social Security Number: xxx-xx-

Bureau Sub-Bureau Block Org. Code Cost Account

NONMONETARY RECOGNITION OF SIGNIFICANT VALUE (Date Presented: Text Field)

Cash Value of Award (Hours Code 66A) Net Amount)

Value Including Taxes (Cash Value divided by .55) (Hours Code 30A) (Gross Amount)

Disposition of this form: Original to servicing personnel office, copy to recipient. FAX this form to the Payroll Operations Division. This fax is in lieu of original. **DO NOT SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.**

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 non-merit factors. Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).

DI-451
Rev. 5/08