

FOR OFFICE USE

State USAID

Date Received by Awards Office (mm-dd-yyyy)

Date Related to Personnel Records (mm-dd-yyyy)



U.S. Department of State

NOMINATION FOR AWARD

PART I - NOMINATION

Name of Nominee (Last, First, MI.)	Social Security Number	ORG. Symbol or Post
Present Position Title and Grade	Position held during period covered by nomination if different than present	

REASON FOR AWARD

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Teamwork | |
| <input type="checkbox"/> Special Act | <input type="checkbox"/> Innovation | <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Other _____ |

TYPE OF AWARD RECOMMENDED

- | | | |
|---|---|---|
| <input type="checkbox"/> The Secretary's Award | <input type="checkbox"/> Superior Honor Award | <input type="checkbox"/> Time Off From Duty Award |
| <input type="checkbox"/> Award for Heroism | <input type="checkbox"/> Meritorious Honor Award | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Secretary's Career Achievement Award | <input type="checkbox"/> Franklin Award | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Distinguished Honor Award | <input type="checkbox"/> Foreign Affairs Award for Public Service | |

Recommended Amount (Cash/Time Off Hours)	Approved Amount	Approved Award
OFFICIAL USE ONLY		

Justification for Award (Include a concise citation to be used on the award certificate. Additional sheets may be used)

Nominated By (Name, Title, Signature)	Date (mm-dd-yyyy)
Approved By (Supervisor's Name, Title, Signature). Applicable only if nominated by other than supervisor	Date (mm-dd-yyyy)

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

PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE

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

PART VII - FISCAL DATA

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