

UNITED STATES DEPARTMENT OF THE INTERIOR RECOMMENDATION AND APPROVAL OF AWARDS

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|---------------------|---|----------------------------|
| AGENCY/BUREAU | NAME OF EMPLOYEE (Last, first, middle initial) | |
| SOCIAL SECURITY NO. | POSITION TITLE | PAY PLAN-SERIES/GRADE/STEP |
| DUTY STATION | PERIOD COVERED FOR AWARD (MMDDYY) FROM TO | COST ACCOUNT NUMBER |

COMPLETE THE APPROPRIATE AWARD SECTION BELOW

MONETARY AWARD:

- PERFORMANCE-BASED CASH AWARD
 - Exceptional (Level 5) Performance Rating
 - Superior (Level 4) Performance Rating
- QUALITY STEP INCREASE
(Employee must have received an Exceptional Level 5 Performance Rating)
- STAR AWARD
- PRODUCTIVITY IMPROVEMENT AWARD
- INVENTION/PATENT AWARD

NON-MONETARY AWARD:

- TIME-OFF RECOGNITION
Number of Hours _____
- NON-MONETARY RECOGNITION
Cash Value of \$ _____

HONOR AWARD:

- DISTINGUISHED SERVICE AWARD
- CONSERVATION SERVICE AWARD
- MERITORIOUS SERVICE AWARD
- OUTSTANDING SERVICE AWARD
- UNIT AWARD FOR EXCELLENCE OF SERVICE
- SUPERIOR SERVICE AWARD
- CITIZEN'S AWARD FOR EXCEPTIONAL SERVICE AWARD
- VALOR AWARD
- CITIZEN'S AWARD FOR BRAVERY
- EXEMPLARY ACT AWARD

BUREAU-SPECIFIC AWARD:

Name of Award: _____

RECOMMENDATION AND APPROVAL

| | | | |
|--|------|--------------------------------|------|
| RECOMMENDING INDIVIDUAL (Signature) | DATE | REVIEWING OFFICIAL (Signature) | DATE |
| TITLE: | | TITLE: | |
| APPROVING OFFICIAL (Signature & Title) | | | DATE |

INSTRUCTIONS

For a Quality Step Increase, an employee must have received a performance rating of Level 5, and the employee's exceptional performance is expected to continue in the future. Attach a copy of the employee's performance rating of record on which the QSI is based, and a justification providing brief examples of how expectations were exceeded for each element. For a pay-based cash award, a level 4 or 5 is required. Attach a copy of the performance rating supporting the award.

For a STAR award, non-monetary recognition of significant value, time-off award, and Productivity Improvement Award, provide a brief summary of the accomplishments/ contributions being recognized by this award in the space below.

For a group award, attach a list of names of group members. If group members are to receive different award amounts, describe the individual group member's specific contribution(s).

For an Invention/Patent Award, attach a description of the contribution or patent being recognized and the resulting benefits to the Government.

For a non-monetary award of significant value, provide a brief description of the contribution(s) if the award is of significant value.

For an honor award, attach a citation.

FINANCIAL INFORMATION

Monetary Award:

Amount of Cash Award \$ _____
Pay Period to be processed by payroll _____

Non-monetary Award of Significant Value:

Cash Value of Award \$ _____ Gross Amount

PROCESSING INSTRUCTIONS

Submit this form with required attachments to the employee's servicing Human Resources Office, and provide a copy to award recipient.