

OFFICE OF MANAGEMENT

Time-Off Incentive Award

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Attachment: Reward and Recognition
(R&R) Program Nomination Form
<http://cdernet/dms/Awards.htm>

PURPOSE

- This MAPP outlines instructions for the operation of the Time-Off Incentive Award program in the Center for Drug Evaluation and Research (CDER).
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BACKGROUND

- The Federal Employees Pay Comparability Act of 1990 (FEPCA), Public Law 101-509, provides Federal agencies authority to grant employees time off from duty as an incentive award (time-off awards).
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REFERENCES

- FDA Instruction 451-1, *FDA Reward and Recognition Program Policy and Appendices*, October 14, 2005
 - Delegations of Authority: Authority to Approve Awards, SMG 1431.11, November 12, 2004
 - FDA-NTEU Collective Bargaining Agreement, Article 27, October 1, 2002
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DESCRIPTION

- A time-off award is an incentive award granted to employees as an excused absence without loss of
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pay or charge to leave recognizing a superior accomplishment or other personal effort that contributes to the quality, efficiency, or economy of Government operations. For consideration of other incentive awards, see the second and third references, above.

ELIGIBILITY

- A time-off award may be granted to any FDA civilian employee and/or groups of civilian employees. Each recipient of a group time-off award is subject to the individual requirements of eligibility.
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AWARD CRITERIA

Examples of employee achievement that might be considered for a time-off award include:

- **Citizenship** — Contributing to the well-being of the community (non-monetary recognition only).
 - **Contribution to the Public Health Mission** — Performing in a way that contributes to protecting and promoting the health of the American people.
 - **Customer Service** — Providing quality service to internal and external customers.
 - **Leadership** — Influencing and/or guiding others toward achieving organization goals.
 - **Problem Solving/Creativity** — Achieving results or resolving issues with new approaches or novel methods.
 - **Quality Performance** — Performing consistently and/or exceptionally for the benefit of the organization.
 - **Risk Taking/Innovation** — Working to improve current practices or trying new approaches or solutions.
 - **Special Accomplishment** — Performing with exemplary efforts outside normal job responsibilities.
 - **Teamwork/Collegiality** — Advancing team goals toward FDA mission, supporting team and individual members, and/or supporting other organizational units.
 - **Travel Saving Incentive (Gainsharing)** — **Achieving travel savings while on temporary duty (TDY) travel.**
 - **Other** — Contributing to organizational goals in manner not listed.
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POLICY

- Supervisors and managers decide when the use of a time-off award is appropriate.
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- There are no Government-wide or FDA-wide limits on granting time-off awards.
 - Volunteers, contract employees, and members of the military services may not receive time-off awards.
 - When an employee transfers to another Government agency (outside of DHHS), it is up to the gaining agency to decide whether to honor a time-off award of a transferred employee.
 - Time-off awards may not be donated to the Voluntary Leave Transfer Program.
 - If a time-off award is not used before an employee's separation from Federal service, it is cancelled at the time of separation.
 - A time-off award **cannot be converted to cash payment** under any circumstances.
 - Time-off awards have no expiration date.
 - Please refer to FDA SMG 1431.11, Delegations of Authority: Authority to Approve Awards.
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NOMINATING, APPROVING, AND ROUTING OF NOMINATIONS

Nominating Officials

- Supervisory personnel are designated as nominating officials to initiate the time-off award. Self-nominations are not allowed. Nominations may come from a supervisory official other than the nominated employee's immediate supervisor provided the immediate supervisor concurs on the nomination and it is forwarded to the employee's approving official.

Approving Officials

- To encourage timely recognition of employees' achievements, the Director, Office of Management, delegates the authority to approve nominations for time-off awards to CDER office and staff directors. CDER office and staff directors are encouraged to delegate approval authority **as low as second level supervisors**. The determination to grant a time-off award, including the number of hours, will be reviewed and approved by an official who is at a higher level than the official who made the initial nomination.

Routing of Nominations

1. The nominating official prepares the Rewards and Recognition (R&R) Program form with the appropriate information.
2. The approving official signs and dates the Rewards and Recognition (R&R) Program form.
3. The signed form is sent to the CDER Incentive Awards Officer (IAO), Division of Management Services, Office of Management, for technical review and Center reporting purposes. The

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CDER IAO reviews the nomination for completeness and accuracy, signs and dates the form, and then enters the information into EHRP for processing. Employees should allow at least 2 pay periods for the time-off award to appear on their Leave and Earnings Statements.

4. The employee is responsible for checking the Leave and Earning Statement (LES) for time-off award. The employee is responsible for giving the timekeeper a copy of the LES showing the employee's entitlement to the time-off award, and the timekeeper is responsible for entering this information into EASE and recording it on the Administrative Time and Attendance Leave Record (HHS-564).
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EFFECTIVE DATE

This MAPP is effective upon date of publication.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

Reward and Recognition Program Nomination

Individual Award

Group Award (Attach list of SSNs, names, BUS codes, centers/offices, org. admin. codes, and individual dollar amount or number of hours of time-off)

Nominee Name: _____ **Social Security No.:** _____
(Contact the Executive Services Staff, OHRMS, for nomination forms for awards to SES members.)

Series and Grade: _____ **Organization:** _____ **Org. Admin. Code:** _____
Phone #: _____ **BUS Code:** _____

Nature of Action Code and Legal Authority:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cash 840 (ind.) 5 U.S.C. 4503 | <input type="checkbox"/> Cash 841 (group) 5 U.S.C. 4503 | <input type="checkbox"/> Travel Savings Incentive (gainsharing) 845 - 5 U.S.C. 4503 |
| <input type="checkbox"/> Time-Off 846 (ind.) 5 U.S.C. 4502(e) | <input type="checkbox"/> Time-Off 847 (group) 5 U.S.C. 4502(e) | <input type="checkbox"/> Recruitment Referral 848-5 U.S.C. 4503 |
| <input type="checkbox"/> Suggestion 842 (ind.) 5 U.S.C. 4503 | <input type="checkbox"/> Suggestion 843 (group) 5 U.S.C. 4503 | |

Awarded for: (Choose from the following. See back of form for definitions.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Citizenship (Non-monetary) | <input type="checkbox"/> Quality Performance | <input type="checkbox"/> Suggestion |
| <input type="checkbox"/> Contribution to the Public Health Mission | <input type="checkbox"/> Recruitment Referral | <input type="checkbox"/> Teamwork/Collegiality |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Risk Taking/Innovation | <input type="checkbox"/> Travel Savings Incentive |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Special Accomplishment | Other |
| <input type="checkbox"/> Problem Solving/Creativity | | |

Justification (minimum 25 words - not to exceed one page) The Commissioner's approval and additional justification is required for individual cash awards greater than \$2,500 and group cash awards greater than \$5,000.

Award: **Time-Off*** (total number of hours) _____ **Cash** (total dollar amount) _____ \$
*only management may nominate/approve time-off awards

REQUIRED SIGNATURES (as appropriate):

Nominator _____ **Date** _____

Recommending Official _____ **Date** _____

Fiscal Officer _____ **Date** _____

AWARDS COMMITTEE REVIEW-FOR BARGAINING UNIT EMPLOYEES ONLY
INDIVIDUAL OR GROUP CASH AWARDS
(under NOAC 840 and 841, 5 U.S.C. 4503)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Recommend Approval _____ | Date _____ |
| <input type="checkbox"/> Recommend Disapproval _____ | (Non-Bargaining Unit Representative) |
| <input type="checkbox"/> Non-Consensus _____ | |
| <input type="checkbox"/> Comments Attached _____ | Date _____ |
| | (NTEU Representative) |

Approving Official _____ **Date** _____

- Approved Disapproved Modified

Concurrences: (required if nominator and nominee are in different organizations.)

Nominee's Organization Approving Official _____ **Date** _____

Nominee's Organization Financial Official _____ **Date** _____

Division of Management & Budget/OM _____ **Date** _____

Incentive Awards Officer Jacquelyn Barber, OM, HFD-63, MPNVI/2314 _____ **Date** _____

Commissioner of Food and Drugs (If required) _____ **Date** _____

OHRMS Personnel Official _____ **Date** _____

(Expected date for cash award payment is second Thursday in pay period following date into system.)

PRIVACY ACT STATEMENT

This information is requested under authority of sections 4502(e) and 4503 of Title 5, United States Code. The primary use of this information is by management and the personnel/payroll offices in order to approve and record the award. Additional disclosures of the information may be: to Federal, State, or local law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law; to contractors performing or working on a contract, service, grant, cooperative agreement, or job for the agency; or to the Office of Personnel Management for evaluation/audit purposes. The furnishing of this information is voluntary; however, failure to provide it may result in you not receiving the award or other compensation due you.