

# Reclamation Manual

## Directives and Standards

### UNITED STATES DEPARTMENT OF THE INTERIOR RECOMMENDATION AND APPROVAL OF AWARDS

Agency/Bureau	Name Of Employee (Last, First, Middle Initial)	
Social Security No. XXX-XX-	Position Title	Pay Plan-Series/Grade/Step
Duty Station	Period Covered For Award (MM/DD/YY) From:                                  To:	Cost Account Number

#### COMPLETE THE APPROPRIATE AWARD SECTION BELOW

**MONETARY AWARD:**

\_\_\_\_\_ Performance-Based Cash Award

        \_\_\_\_\_ Exceptional (Level 5) Performance Rating \$ \_\_\_\_\_ or % \_\_\_\_\_

        \_\_\_\_\_ Superior (Level 4) Performance Rating \$ \_\_\_\_\_ or % \_\_\_\_\_

\_\_\_\_\_ Quality Step Increase

        (Exceptional (Level 5) Performance Rating Required)

\_\_\_\_\_ Star (Special Thanks for Achievement) Award \$ \_\_\_\_\_

\_\_\_\_\_ Productivity Improvement Award \$ \_\_\_\_\_

\_\_\_\_\_ Invention/Patent Award \$ \_\_\_\_\_

**NON-MONETARY AWARD:**

\_\_\_\_\_ Time-Off Recognition

        Number of Hours: \_\_\_\_\_

\_\_\_\_\_ Non-Monetary Recognition

        Cash Value of \$ \_\_\_\_\_

**HONOR AWARD: (Requires third signature block, Reviewing Official, Denver Office)**

\_\_\_\_\_ Distinguished Service Award

\_\_\_\_\_ Partners in Conservation Award

\_\_\_\_\_ Valor Award

\_\_\_\_\_ Outstanding Service Award

\_\_\_\_\_ Meritorious Service Award

\_\_\_\_\_ Unit Award for Excellence of Service

\_\_\_\_\_ Superior Service Award

\_\_\_\_\_ Exemplary Act Award

\_\_\_\_\_ Citizen's Award for Exceptional Service Award

\_\_\_\_\_ Citizen's Award for Bravery

\_\_\_\_\_ Other Award \_\_\_\_\_

**BUREAU-SPECIFIC AWARD:**

Name of Award: \_\_\_\_\_

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DI-451  
BOR - Rev. 5/3/12

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### RECOMMENDATION AND APPROVAL

Recommending Individual – Name/Title (Print)	(Signature)	Date
Reviewing Official – Name/Title (Print)	(Signature)	Date
Reviewing Official, Denver Office – Name/Title (Print)	(Signature)	Date
Reviewing Official – Name/Title (Print)	(Signature)	Date
Approving Official – Name/Title (Print)	(Signature)	Date

### CONVOCATION HONOR AWARD REVIEW APPROVAL

HR Review of Official Personnel Folder (Signature)	Date	Finding
Bureau/Regional Office of Civil Rights (Signature)	Date	Finding
Department Office of Civil Rights (Signature)	Date	Finding
Office of Inspector General (Signature)	Date	Finding
Office of the Solicitor (Signature)	Date	Finding

### JUSTIFICATION

<b>Summary of Accomplishments/Contributions Being Recognized by Award</b>

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### 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 No.  X X X - X X - _____
Bureau	Sub-Bureau	Block	Org. Code	Cost Account
<b>NON-MONETARY RECOGNITION OF SIGNIFICANT VALUE</b>				(Date Presented: _____)
Cash Value of Award (Hours Code 66A)				\$ _____ (Net Amount)
Value Including Taxes (Cash Value divided by .55) (Hours Code 30A)				\$ _____ (Gross Amount)
<p><b>Disposition of this form:</b> Original to servicing personnel office, copy to recipient. FAX this form to the Payroll Operations Division. This FAX is in lieu of Original. <b><u>DO NOT</u> SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.</b></p>				

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