

## GENERAL GUIDANCE FOR HONORARY CIVILIAN AWARDS

Honorary awards are processed in accordance to AR 672-20 dated 29 January 1999. Please refer to Table 8-1 for approval levels for the different types of honorary awards.

### Decoration for Exceptional Civilian Service

The award nomination packets will be prepared in accordance to DA PAM 672-20 and MUST include the following.

- \* DA Form 1256, Incentive Award Nomination and Approval. Do not abbreviate titles of positions or organizations. Use complete telephone numbers including area codes. Inclusive dates for nomination period should not coincide with the period of time covered by previous recognition for the same type of award. All data entries are to include signatures and dates where required.
- \* Endorsement. Nominations from subordinate units of MRMC must include an endorsement signed by the unit Commander. The endorsement should summarize the award package and may include personal views of the commander.
- \* Biographical Data:
  - Date and place of birth.
  - Education and degrees conferred.
  - Significant employment record.

Type of appointment.

- \* Citation. One paragraph consisting of no more than 60 words including the name, title, place of employment and period of time covered by the award. It is to highlight the nominee's specific achievement. Do not use abbreviations, spell out United States.
- \* Justification. A summary of achievements and benefits should not more than two single-spaced pages, stated in specific terms, and include the date(s) of achievement. Be as specific and quantitative as possible.
- \* Previous awards and publications. Begin with the current year and list other previous recognition, such as honorary awards, Exceptional Performance Ratings, Performance Awards, Quality Step Increase, (QSI), or special citations. List publications by title and date.
- \* Certification. Equal Employment opportunity EEO and adverse action certification from your servicing EEO office.
- \* Photographs. Photograph is required for the Decoration for Exceptional Civilian Service nomination package, (head and shoulders view, professional attire preferred). Photograph is not required for the Meritorious Civilian Service Award.

### INCENTIVE AWARD NOMINATION AND APPROVAL

For use of this form, see AR 672-20; the proponent agency is Office of the Deputy Chief of Staff for Personnel

#### PART 1 - TO BE COMPLETED BY OPERATING OFFICE

1. EMPLOYEE'S LAST NAME - FIRST NAME - MI  DOE, JOHN Q.	2. ORGANIZATION (No abbreviations) United States Army Medical Materiel Development Activity Fort Detrick, Maryland 21702
3. PRESENT POSITION, TITLE, GRADE AND SALARY Supervisory Program Analyst, DJ-05, (SALARY AMOUNT)	4. POSITION HELD DURING PERIOD COVERED IN NOMINATION (If other than that shown in item 3)

5. TYPE OF AWARD RECOMMENDED

ALL NOMINATIONS WILL BE JUSTIFIED AND INCLUDE THE DOCUMENTATION REQUIRED BY DA PAM 672-20.

a.	HONORARY	b.	MONETARY
<input checked="" type="checkbox"/>	DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE	<input type="checkbox"/>	COMMANDER'S AWARD FOR CIVILIAN SERVICE
<input type="checkbox"/>	MERITORIOUS CIVILIAN SERVICE AWARD	<input type="checkbox"/>	ACHIEVEMENT MEDAL FOR CIVILIAN SERVICE
<input type="checkbox"/>	SUPERIOR CIVILIAN SERVICE AWARD	<input type="checkbox"/>	CERTIFICATE OF ACHIEVEMENT
<input type="checkbox"/>	OTHER (Specify)	<input type="checkbox"/>	QUALITY STEP INCREASE
		<input type="checkbox"/>	PERFORMANCE AWARD \$
		<input type="checkbox"/>	SPECIAL ACT/SERVICE AWARD \$
		<input type="checkbox"/>	ON-THE-SPOT CASH AWARD \$
		<input type="checkbox"/>	TIME OFF AWARD

c. PERIOD OF SERVICE TO BE RECOGNIZED ( MO/YR - MO/YR ) 11/04 - 11/09

6. NOMINATING OFFICIAL

a. TYPED NAME AND TITLE	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
JACK M. KITKAT Chief, Operations		AREA CODE ( 301 )  619-0000	

#### PART II - TO BE COMPLETED ONLY FOR AWARDS FORWARDED TO HQDA (DAPE-CPL)

7. INDICATE IF NOMINATION IS CONSISTENT WITH PARAGRAPH 2-2 IN AR 672-20 (Circle yes or no - If no, please explain on separate page)

YES	a. TYPED NAME EQUAL EMPLOYMENT OPPORTUNITY OFFICER	b. SIGNATURE	c. DATE
NO			
YES	d. TYPED NAME CIVILIAN PERSONNEL OFFICER	e. SIGNATURE	f. DATE
NO			

#### PART III - TO BE COMPLETED BY LOCAL INCENTIVE AWARDS COMMITTEE - RECOMMEND

8. APPROVAL  DISAPPROVAL  OTHER

#### COMPLETE FOR MONETARY AWARDS RECOMMENDED

AMOUNT RECOMMENDED \$	TANGIBLE MONETARY BENEFITS \$	INTANGIBLE BENEFITS \$	ESTIMATED FIRST YEAR SAVINGS \$
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#### PART IV TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY (IES)

ACTION LEVEL	APPROVED (If monetary, indicate amount)	DIS-APPROVED	ADDITIONAL CASH AWARD	SIGNATURE, TITLE AND DATE
9. LOCAL COMMITTEE CHAIRPERSON				
10. INSTALLATION COMMANDER OR DESIGNATED REPRESENTATIVE				
11. MAJOR COMMAND REVIEW COMMITTEE				
12. COMMANDER OF MAJOR COMMAND OR DESIGNATED REPRESENTATIVE				
13. DEPARTMENT OF THE ARMY INCENTIVE AWARDS BOARD				

**Nomination of  
(Individual's Name)  
for the  
Decoration for Exceptional Civilian Service Award**

**I. DA Form 1256**

**II. BIOGRAPHICAL DATA**

**A. General Information**

Name:  
Title and Grade:  
Organization and Location:  
Telephone and FAX Number:

**B. Date and place of birth:**

**C. Education:**

**D. Significant Employment:**

**E. Type of Appointment:** Example: Career Appointment in a Permanent Position

**F. Time period of accomplishments:**

**III. CITATION (On Separate page)**

Mr. John Doe, Director of Operations, (section), has distinguished himself from November 2004 to November 2009. His leadership overseeing the deployment of an electronic health record system worldwide in support of deployed service members is unprecedented. Mr. Doe's achievements reflect great credit upon himself and the Department of the Army.

**IV. JUSTIFICATION (On Separate page)**

Mr. Doe distinguished himself through exceptionally meritorious civilian service as the Director for operations .....

**V. PREVIOUS AWARDS AND PUBLICATIONS (On Separate page)**

**Awards**

2009            Special Act Award

**Publications:** None

**VI. PHOTOGRAPHS :** Attached

**VII. VERIFICATION THAT NOMINEE WILL BE AVAILABLE FOR CEREMONY:** Yes

**EEO Certification**

**This serves to officially certify that there are no current or pending EEO Actions against Mr. John Doe.**

**Certified by:**

**(Typed Name)**

**EEO Officer**

**Date:**