

NIH AWARD NOMINATION

PART 1 - EMPLOYEE INFORMATION

(Complete all items)

Individual Nomination (Check for Special Act or Service, Performance, On-the-Spot, Time Off, QSI, Referral, Suggestion, FTTA & Invention Awards)

Group Nomination (Check for Special Act or Service, On-the-Spot, Time Off, Suggestion & Invention Awards)
(use next page to provide information for each employee)

1. Employee's Name: Last, First, MI	2. IC/Organization	2a. CAN	2b. ADMIN. CODE
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3. EHRP EMPLID	4a. TK#	4b. Period Covered by Nomination From: _____ To: _____
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5. Position Title, Pay Plan, Series, Grade, Step (complete for individual awards only)

PART 2 - AWARD INFORMATION

(Check the appropriate box for all nominations)

6. **Type of Award Recognition (check all that are applicable):**

- | | |
|---|---|
| <input type="checkbox"/> Special Act or Service Award (Not Rating Based-NOAC 849) (complete items 7, 9, & Part 3)

<input type="checkbox"/> On-the-Spot Award (complete item 9, & Part 3)

<input type="checkbox"/> Performance Award (Rating Based-NOAC 840) (complete item 9 & Part 3)

<input type="checkbox"/> Quality Step Increase (complete items 8, 9 & Part 3 below) | <input type="checkbox"/> Time Off Award (complete item 9 & Part 3)

<input type="checkbox"/> Suggestion Award (complete items 7, 9 & Part 3)
Suggestion #: _____

<input type="checkbox"/> Invention or FTTA Award (complete items 7, 9 & Part 3)
Patent #: _____

<input type="checkbox"/> Employee Referral Award (complete Part 3) |
|---|---|

Date of Employee's Last Quality Step Increase (QSI): _____
Date of last With-in Grade Increase (WIGI) or promotion (whichever is later): _____ (if QSI is recommended)

7. Award Amount Calculation [complete A (Tangible) or B (Intangible)] Refer to Appendix E, NIH Manual Chapter 2300-451-1 – NIH Employee Awards Program for use of Tangible and Intangible Benefits Scales – <http://www1.od.nih.gov/oma/manualchapters/person/2300-451-1/>

A. Tangible Savings First-Year Benefit Amount: \$ _____

B. Intangible Savings (check as appropriate in 1 & 2 below)

- (1) Value of Benefits
- Small/Moderate
 - Moderate/Substantial
 - Substantial/Extended

- (2) Extent of Application
- Limited (impacts a specific, small work unit to as large as a division or IC)
 - Broad (impacts several ICs or all of NIH)
 - General (impacts the mission of other components of DHHS, or of other agencies)

8. QSI Certification: I certify that 52 weeks has passed since the employee's last QSI. **I also certify that the employee's rating of record is "Exceptional" and the employee did not receive a performance award.** The employee's performance elements and standards for the current position were thoroughly reviewed prior to submission of this nomination; the employee's performance warrants such recognition.

Initiating Official's Signature

Date

9. A narrative statement describing the employee's level of performance/achievement that warrants recognition is attached.
For a QSI: Attach the performance narrative statement and cover sheet indicating the employee's final rating of record.

PART 3 – APPROVAL SIGNATURE

(At a minimum, complete items 10, 12 and 14 for all nominations)

10. Initiating Official (Name & Title):	Signature:	Date:	Amount or Hours:
11. Endorsing Official (Name & Title):	Signature:	Date:	Amount or Hours:
12. Approving Official (Name & Title):	Signature:	Date:	Final Approved Amount or Hours:
13. Fiscal Official (Name & Title):	Signature:	Date:	
14. Human Resources Reviewing Official (Name & Title):	Signature:	Date:	
Proposed Effective Date: _____	AO Contact's e-mail address: _____	Effective Date: _____	

GROUP AWARD FORMAT

LAST NAME	FIRST NAME	AWARD AMOUNT/ HOURS	EHRP EMPLID	CAN	HN	TK#	CONTACT AO E-MAIL

Instructions for Completing NIH Award Nomination Form, NIH 2833

Part 1 – EMPLOYEE INFORMATION (*Complete all items*)

Check appropriate box for either Individual Nomination or Group Nomination. For a Group Nomination complete the chart on page 2.

1. **Employee's Name:** Enter the employee's name, Last, First, and MI.
2. **IC/Organization:** Enter the IC/Division or Office where the employee works.
 - 2a. Enter the CAN that will fund the award.
 - 2b. Enter the Admin. Code.
3. **EHRP EMPLID:** Required. The initiating official may obtain the Employee Identification Number from their servicing HR Specialist, Client Services Division (CSD).
- 4a. **TK#:** Enter the employee's timekeeping number.
- 4b. **Period Covered by Nomination:** Enter dates.
 - For an On-the-Spot award, the duration should be short (e.g., 1 – 3 months) and the narrative should address a special project, activity, or short-term assignment.
 - For a Performance Award/Bonus or a QSI, the period covered must be based on the previously completed performance appraisal year.
5. **Position Title, Pay Plan, Series, Grade, Step:** Enter all information for every individual award nomination. The initiating official may obtain this information from their servicing HR Specialist, CSD.

Part 2 – AWARD NOMINATION (*Check the appropriate box for all nominations*)

6. **Type of Award Recognition:** Check the appropriate box for the type of award(s) the employee is being nominated.
7. **Award Amount Calculation:** Used for Special Act or Service, Suggestion, or Invention awards. Refer to Appendix E, NIH Manual Chapter 2300-451-1 – NIH Employee Awards Program for use of Tangible and Intangible Benefits Scales.
8. **QSI Certification:** Required to process QSI. Signature and date of Initiating Official affirming accuracy of the certification statement. To ensure proper timing of awarding the QSI, the initiating official/supervisor should consult with their servicing HR Specialist in CSD.
9. **Narrative Statement:** All award nominations require narrative justification. Please review the type of justification required for the specific type of award prior to composing and attaching the narrative.

Part 3 – APPROVAL SIGNATURE

At a minimum, complete items 10, 12, and 14 for all nominations.

10. **Initiating Official (Name & Title):** The individual initiating the award signs, dates, and includes the recommended dollar amount or hours. Note: If the Initiating Official is not the supervisor of record, then the employee's supervisor of record should also initial and date this section.
11. **Endorsing Official (Name & Title):** A concurring official. Complete this section if required by the IC.
12. **Approving Official (Name & Title):** The individual delegated the authority to approve awards signs, dates and enters the final dollar amount or hours approved.
13. **Fiscal Official (Name & Title):** Signature and date of the IC funding official.
14. **Human Resources Reviewing Official (Name & Title):** Signature and date of the Office of Human Resources (OHR) official indicates that the award nomination was received, reviewed, and processed.

Proposed Effective Date: IC enters date.

AO Contact's email address: IC enters the Administrative Officer contact email address for use by CSD.

Effective Date: CSD enters effective date of award.

ADDITIONAL INFORMATION

- ✓ Ensure that the narrative justification and any other necessary documentation are attached to the original Award Nomination form prior to forwarding to OHR.
- ✓ Upon OHR approval and processing of the award, CSD sends the Approving Official and the AO Contact an email with the effective date.
- ✓ The Notification of Personnel Action, SF-50, will be added to the employee's Electronic Official Personnel Folder (eOPF).
- ✓ The employee will receive payment of the award, minus applicable taxes, through DFAS within one to two pay periods from the date the award is processed.

Note: While a supervisor may advise an employee of nomination for an award, the award is not official until confirmation of the effective date from OHR/CSD.