

**EMPLOYEE NOMINATION FOR INCENTIVE AWARDS**

For use of this form, see AR 672-20

INSTRUCTIONS: After completion, turn this form in to the nominee's immediate supervisor.

NAME OF EMPLOYEE BEING NOMINATED FOR THIS AWARD: (Last, First, MI)

NOMINEE'S WORK UNIT/ORGANIZATION:

NOMINEE'S WORK RELATIONSHIP TO YOU: (Coworker in immediate work area, etc.,)

TYPE OF AWARD RECOMMENDED:

AMOUNT OF AWARD: (If cash or time-off award)

WHAT DID THE NOMINEE DO TO DESERVE THIS AWARD?

WHY DO YOU THINK THIS ACT/PERFORMANCE DESERVES RECOGNITION? (Why is it over and above what would normally be expected?)

WHEN DID THIS OCCUR?

YOUR NAME: (Last, First, MI)

YOUR WORK UNIT/ORGANIZATION:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE