GIPSA Directive 4451.1

It is the policy of the Department to ensure that consideration for awa marital status, disability or other nonmerit factors. U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AV							CASE NO. (Personnel Use O		
0.77									
_		irds, attach lis	t of group i	1			ount for each payee.		
1. AGENCY GIPSA				2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.					
3. SOCIAL SECURITY NO.			4. POSITION TITLE			5. PAY PLAN- SERIES / GRA	DE / STEP		
123-45-6789				Agrl Commod Grader (Grain)			GS-1980-09/05		
6. ORGANIZATION AND LOCATION				7. PERIOD COVERED FOR AWARD (mm, dd, yy)			8. ACCOUNTING CODE		
New Orleans, LA				From: 10/0	From: 10/01/95 To:09/30/96				
9. IF AWARD APPROVED, MAIL CHECK TO:			(ADDRESS) US	DA, GIP					
			P.O. Box 640						
	OTHER (Se	ecify address):	+	' De	strehan	n, LA 70047			
0. LI	ST AWARDS OR Q	I'S IN THE PAST	52 WEEKS (Specify type of award,	amount rece	vived, and effective da	ite.)		
8 1	nours time	off - 3/	/5/96	8 ho	urs tim	ne off - 12/2	11/95		
			'S CONTRIBU	TION IN 25 WORDS OF	LESS. (This I	anguage will appear o	on the employee's certificate.)		
	OYEE IS BEING REC		erforma	nce contribu	ting to	the increa	sed effectiveness	and efficiency	
					-		pection Service.	and efficiency	
						- 010111 1110			
				COMPLETE THE	APPROPRIA	TE AWARD SECTIO	N		
	12. TYPE OF REC	12. TYPE OF RECOGNITION RECOMMENDED (check one)							
		E SUGGESTION	' [EXTRA EFFORT	🗆 s	POT AWARD	TIME OFF AWARD **	OTHER *	
EXTRA EFFORT AWARD	_			AWARD -	_				
	GAINSHARING AWARD								
	Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.								
	** Attach a description if the contribution exceeds the moderate benefits.								
	13. NO. OF			15.	1		ESTIMATED FIRST YEAR SAV	lings	
	amount		nt/hours, AMOUN	TOTAL DOLLAR AMOUNT/ HOURS		MEASURABLE BENEFITS SCALE	S S		
				BASED ON:	. j				
				approp.		NONMEASURABLE	VALUE OF BENEFITS A	PPLICATION	
				box)	i Li i	BENEFITS SCALE			
	16. TYPE OF RECO	GNITION RECO	OMMENDED	(check one)					
	PERFORMANCE BONUS								
38	AWARD* Certification: I certify, by my signature in the employee's position description and the performance employee's position description and employee's position description and employee's position description and employee's position description and employee's position and employee's posit								
BONUS AWARD	prior to submission of this recommendation; that the employee's performance is								
N N	performance is characteristic and is expected to continue in the future.								
IŽ.	* Attach a cop	y of employee'	i latest perfo	rmance rating of reco	rd. Also, atta	ch a justification state	ment, if required.		
5	17. DATE OF LAST PROMOTION			18. DATE OF LAST WITHIN GRADE INCREASE					
11/26/93			11/25/04				PERFORMANCE BONUS AWARD		
						\$1,000.00			
RECOMMENDING INDIVIDUAL (Signature) DATE						ND APPROVAL EWING OFFICIAL (Sign	nature)	DATE	
		in born bign	aturey				interey		
				, 				·	
rLE:	Assistant	Field Of	fice Ma	nager	TTTLE:	Field Office	e Manager		
22. APPROVING OFFICIAL (Signature & Title)							-	DATE	
	Dámarter	nd . 1 1 ···						l	
	Director,	rieid Ma	inagemer	nt Division	SONNEL US				
A	GENCY 24.	DATE	OUNTY	25. TO: (Grade		26. NEW SALARY	27. RATE	28. PAY RATE DETER	
		EFFECTIVE	QUALITY	MINANT CODE					
			INCREASE:	→					
				NEL OFFICIAL (Signature & Title)				DATE PROCESSED	
C	that the propose	daction	29. PCR300	INCLUSION CONTRACTOR	are a maey			DATERNOCLISED	
Ci ertify n co	y that the propose mpliance with stat gulatory requirem	utory	29. FCR30M						

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Attachment 3-A-2

JUSTIFICATION FOR PERFORMANCE BONUS AWARD

(Provide written justification stating the reasons for and examples of the superior performance.)