Attachment 2-A

	RE	COMMEN	U.S. DEPAR DATION	MENT OF AGRICULTURE CASE NO. (Personnel U		e Only)		
OTE					a in Items 2 - 9, and award an	nount for each payee.		
	ENCY				2. NAME OF EMPLOYEE (Last, first, middle initial)			
GIPSA					Doe, Jane B.			
3. SOCIAL SECURITY NO. 123-45-6789				4. POSITION TITLE	4. POSITION TITLE Agr1 Commod Grader (Grain) 5. PAY PLAN- SERIES / G GS-1980-09/			
6. ORGANIZATION AND LOCATION				7. PERIOD COVERED FOR AWARD (mm, dd, yy)			8. ACCOUNTING CODE	
New Orleans, LA				1	From: 05/01/97 To: 06/30/97			
. IF AWARD APPROVED, MAIL CHECK TO:				(ADDRESS) US	DA, GIPSA, FGIS			
SALARY CHECK ADDRESS				P.O. Box 640				
	X OTHER (Sp	ecify address):	→	' De	estrehan, LA 7004	7		
	st awards or Qs one	I'S IN THE PAST	52 WEEKS (Specify type of award, a	amount received, and effective d	ate.)		
PE	erforming d	OGNIZEDFOR: luties ou	ıtside 1	recognized AC	LESS. (This language will appear CG responsibilities to our customers	s to increase t		
	1				APPROPRIATE AWARD SECTION	ON .		
	12. TYPE OF RECOGNITION RECOMMENDED (EMPLOYEE SUGGESTION R							
EXTRA EFFORT AWARD	OR INVEN	TION *	. 5	EXTRA EFFORT AWARD *	SPOT AWARD	TIME OFF AWAR	O** OTHER*	
	☐ KEEPSAKE AWARD				GAINSHARING AWAR	D		
	* 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 PERSONS 14. TOTAL AWARD (Give dollar amount / hours,		15.		ESTIMATED FIRST YEAR	SAVINGS		
			t / hours,	TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check	MEASURABLE BENEFITS SCALE	\$		
		or value of item)				VALUE OF BENEFITS	APPLICATION	
	_			approp. box)	NONMEASURABLE RENEETTS SCALE			
	1	\$250.00			BENEFITS SCALE	Moderate	Extended	
IONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one) PERFORMANCE BONUS AWARD* QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation, that the employee's performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.							
0	17. DATE OF LAST PROMOTION		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD			
						\$		
05	COMMENDING IND	MVIDIIAI /Sign		•	DATION AND APPROVAL		laure	
NE.	COMMENDING IND	IVIDUAL (SIGN	ature)	DATE	21. REVIEWING OFFICIAL (Sig.	nature)	DATE	
	Area Manag	ger			TITLE:			
LE:	PROVING OFFICIAL	(Signature & T	itle)				DATE	
-			ger					
-	Field Offi	ice Manag			ONNEL USE ONLY			
. AP	Field Offi		1					
. A	Field Offi		QUALITY STEP INCREASE:	25. TO: (Grade o	& Step) 26. NEW SALARY	27. RATE	28. PAY RATE DETER MINANT CODE	