


It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

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|--|--|--|---|
| U.S. DEPARTMENT OF AGRICULTURE   |  | CASE NO. (Personnel Use Only)  |   |
| <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>   |  |  |   |
| <b>NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.</b>  |  |  |   |
| 1. AGENCY<br>GIPSA   |  | 2. NAME OF EMPLOYEE (Last, first, middle initial)<br>Smith, John R.    |   |
| 3. SOCIAL SECURITY NO.<br>123-45-6789  |  | 4. POSITION TITLE<br>Agrl Commod Technician                            | 5. PAY PLAN - SERIES / GRADE / STEP<br>GS-1981-05/04    |
| 6. ORGANIZATION AND LOCATION<br>GIPSA, Toledo, Ohio  |  | 7. PERIOD COVERED FOR AWARD (mm, dd, yy)<br>From: 10/1/98 To: 10/30/98 | 8. ACCOUNTING CODE<br>XXXXXX                            |
| 9. IF AWARD APPROVED, MAIL CHECK TO:   |  |  |   |
| <input type="checkbox"/> SALARY CHECK ADDRESS<br><input type="checkbox"/> OTHER (Specify address): →   |  |  |   |
| 10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)<br>None  |  |  |   |
| 11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)<br>EMPLOYEE IS BEING RECOGNIZED FOR: Outstanding effort during the field office and storage room relocation and Putting forth exemplary physical effort to move valuable documents and equipment without damage or loss. |  |  |   |
| <b>COMPLETE THE APPROPRIATE AWARD SECTION</b>  |  |  |   |
| EXTRA EFFORT AWARD   | 12. TYPE OF RECOGNITION RECOMMENDED (check one)  |  |   |
|  | <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input checked="" type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER *   |  |   |
|  | <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD   |  |   |
| * Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.<br>** Attach a description if the contribution exceeds the moderate benefits.   |  |  |   |
| 13. NO. OF PERSONS<br>1  | 14. TOTAL AWARD (Give dollar amount / hours, or value of item)<br>\$250.00   | 15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check approp. box) →         | ESTIMATED FIRST YEAR SAVINGS                            |
|  |  | <input type="checkbox"/> MEASURABLE BENEFITS SCALE                     | \$  |
|  |  | <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE       | VALUE OF BENEFITS: Substantial     APPLICATION: Limited |
| PERFORMANCE BONUS AWARD  | 16. TYPE OF RECOGNITION RECOMMENDED (check one)  |  |   |
|  | <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE *<br><i>Certification: I certify, by my signature in the Recommendation &amp; 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 outstanding; and that the performance is characteristic and is expected to continue in the future.</i> |  |   |
| * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.  |  |  |   |
| 17. DATE OF LAST PROMOTION   | 18. DATE OF LAST WITHIN GRADE INCREASE   | 19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD<br>\$               |   |
| <b>RECOMMENDATION AND APPROVAL</b>   |  |  |   |
| 20. RECOMMENDING INDIVIDUAL (Signature)  |  | DATE   | 21. REVIEWING OFFICIAL (Signature)                      |
| DATE   |  | DATE   | DATE  |
| TITLE: Field Office Manager  |  | TITLE:   |   |
| 22. APPROVING OFFICIAL (Signature & Title)<br>Division Director  |  |  | DATE  |
| <b>PERSONNEL USE ONLY</b>  |  |  |   |
| 23. AGENCY CODE / POI  | 24. DATE EFFECTIVE   | 25. TO: (Grade & Step)   | 26. NEW SALARY  |
| QUALITY STEP INCREASE: →   | 27. RATE   | 28. PAY RATE DETERMINANT CODE  |   |
| I certify that the proposed action is in compliance with statutory and regulatory requirements   |  |  | 29. PERSONNEL OFFICIAL (Signature & Title)              |
|  |  |  | DATE PROCESSED  |
| ☆ U.S. GOVERNMENT PRINTING OFFICE 1995-617-376   |  | ORIGINAL - Processing Copy   | Form AD-287-2 (7/94)                                    |

|   |   |
|---|---|
|  | United States Department of Agriculture<br><b>Grain Inspection, Packers and Stockyards Administration</b> |
| <b>SPOT AWARD</b>   |   |
| <b>"For a Job Well Done"</b>  |   |
| Issued to:  |   |
| Citation:   |   |
| Date:   | _____   |

FORM GIPSA-300 (NOV 98)