

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.

U.S. DEPARTMENT OF AGRICULTURE		CASE NO. (Personnel Use Only)
RECOMMENDATION & APPROVAL OF AWARDS		
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY GIPSA	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE Agrl Commod Grader (Grain)	5. PAY PLAN- SERIES / GRADE / STEP GS-1980-09/05
6. ORGANIZATION AND LOCATION New Orleans, LA	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 11/10/95 To: 01/05/96	8. ACCOUNTING CODE 1234567
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <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.) None		
11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.) EMPLOYEE IS BEING RECOGNIZED FOR: Providing a high quality and high volume of service to our Louis Dreyfus customer during a period of personnel shortage and increased inbound inspections.		
COMPLETE THE APPROPRIATE AWARD SECTION		
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input checked="" type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD <small>* 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.</small>	
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) 10 hours
	15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE ESTIMATED FIRST YEAR SAVINGS \$ <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE VALUE OF BENEFITS APPLICATION	
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * <small>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 outstanding; and that the performance is characteristic and is expected to continue in the future.</small> <small>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</small>	
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE
19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		
RECOMMENDATION AND APPROVAL		
20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature) DATE
TITLE: Assistant Field Office Manager		TITLE:
22. APPROVING OFFICIAL (Signature & Title) Field Office Manager		DATE
PERSONNEL USE ONLY		
23. AGENCY CODE / POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →
25. TO: (Grade & Step)	26. NEW SALARY	27. RATE
28. PAY RATE DETERMINANT CODE		29. PERSONNEL OFFICIAL (Signature & Title)
I certify that the proposed action is in compliance with statutory and regulatory requirements		DATE PROCESSED

☆ U.S. GOVERNMENT PRINTING OFFICE 1995-617-376 Form AD-287-2 (7/94)

<small>OF 75</small> (Revised 3/79) OFFICE OF PERSONNEL MANAGEMENT FPM Suppl. 990-2, G 2-9	<h2 style="margin: 0;">APPLICATION FOR LEAVE</h2>	<small>71-112</small>
INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.		
1. Name (Print or type—Last, First, M.I.) Doe, Jane B.		2. Employee I.D. Number 123-45-6789
3. Organizational Unit GIPSA-FGIS	4-A Month Day FROM: 01 17	Hour A.M. P.M. 7:00
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input checked="" type="checkbox"/> Other. (Specify) Time-Off Award	4-B Month Day TO: 01 17	Hour A.M. P.M. 4:30 4-C Total Number of Hours 9
6. Remarks		7. Employee's Signature
8. Date (Month, Day, Year)		9. Date (Month, Day, Year)
OFFICIAL ACTION ON APPLICATION		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.)
		Date (Month, Day, Year)
NSN 7540-00-753-5067 Please detach this notice before submitting SF 71.		
PRIVACY ACT STATEMENT		
Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or		
(Continued on Reverse)		

