

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
RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)
XXXXXX

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY		2. NAME OF EMPLOYEE (Last, first, middle initial)	
3. SOCIAL SECURITY NO.		4. POSITION TITLE	5. PAY PLAN-SERIES/GRADE/STEP
6. ORGANIZATION AND LOCATION		7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: _____ To: _____	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): _____		(ADDRESS)	

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

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:

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 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 ** Attach a description if the contribution exceeds the moderate benefits				
PERFORMANCE BONUS AWARD	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount / hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box)	<input type="checkbox"/> MEASURABLE BENEFITS SCALE <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	VALUE OF BENEFITS	APPLICATION

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) SUPERVISOR	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
TITLE:		TITLE:	
22. APPROVING OFFICIAL (Signature & Title) SECOND LEVEL SUPERVISOR OR ABOVE	(IF 10 HOURS OR LESS, NO HIGHER-LEVEL SIGNATURE REQUIRED)		DATE

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP	25. TO: (Grade & Step) INCREASE: _____	26. NEW SALARY	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			

