

# RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

## SECTION I - TO BE COMPLETED BY OPERATING OFFICE

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP:	SALARY:
4. TYPE OF RECOGNITION RECOMMENDED:		
5. BASIS FOR RECOMMENDATION: <i>(See reverse side for "Evidence of Superior or Outstanding Achievement")</i>		
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD:	_____
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	_____
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: <i>(if different than item 3.)</i>		
7. COMMAND, INSTALLATION AND LOCATION:	8. ORGANIZATION:	
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR: _____		
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL: _____		

## SECTION II - TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)
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## SECTION III - TO BE COMPLETED BY LOCAL AWARDS COMMITTEE

12. RECOMMENDED APPROVAL OF FOLLOWING AWARDS:			
<input type="checkbox"/> CASH	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER			
<input type="checkbox"/> DISAPPROVED <i>(Disapproved, Attach Explanation)</i>	TITLE:	SIGNATURE	DATE:

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD		SIGNATURE	DATE
LOCAL COMMANDER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
STATE AWARDS COMMITTEE : <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
NGB INCENTIVES AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		

**NOTICE TO EMPLOYEE:** UPON ACCEPTANCE OF CASH AWARDS, THE USE OF THIS CONTRIBUTION BY THE UNITED STATES SHALL NOT FORM THE BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY YOU, YOUR HEIRS, OR ASSIGNS.

**EVIDENCE OF SUPERIOR OR OUTSTANDING ACHIEVEMENT**

1. Attach statement of major duties performed and one copy of Position Description for position on which recommendation is based.
2. Attach detailed and specific statements of fact to the recommendation. This must be a factual presentation of the nature and merit of employee's actual performance and an indication of how it exceeds normal performance requirements of the employee's position. Indicate benefits resulting from the performance and the significance of special act or service rendered. Where achievement resulted in tangible benefits in operations, give detailed computation and analysis of such benefits.
3. If tangible benefits were not applicable, give the type of relative importance of intangible benefits. Explain also, significance of accomplishment to the command.
4. Attach a draft of the proposed citation, written in the third person, and not exceeding 70 words if an honorary award is recommended. Use 8 X 10 1/2 inch sheets of paper.

**REMARKS**