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U.S. DEPARTMENT OF AGRICULTURE
RECOMMENDATION & APPROVAL OF AWARDS

CASE NO.

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 <i>(Last, First MI)</i> | |
| 3. SOCIAL SECURITY NO. | 4. POSITION TITLE | 5. PAY PLAN-SERIES/GRADE/STEP |
| 6. ORGANIZATION AND LOCATION | 7. PERIOD COVERED FOR AWARD <i>(mm / dd / yy)</i> From: _____ To: _____ | 8. ACCOUNTING CODE |
| 9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i> | | (ADDRESS) |
| 10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS <i>(Specify type of award, amount received, and effective date.)</i> | | |

11. CERTIFICATE CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language is only needed if a certificate will be prepared. This block is not the award justification.)*
EMPLOYEE IS BEING RECOGNIZED FOR:

COMPLETE THE APPROPRIATE AWARD SECTION

| | | | | | | |
|--|--|---|---|---|---|--|
| EXTRA EFFORT AWARD | 12. TYPE OF RECOGNITION RECOMMENDED | | | | | |
| | <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION | | <input type="checkbox"/> EXTRA EFFORT AWARD | | <input type="checkbox"/> SPOT AWARD | |
| <input type="checkbox"/> REFERRAL BONUS | | <input type="checkbox"/> GAINSHARING AWARD | | <input type="checkbox"/> TIME OFF AWARD | | |
| <i>Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government for each award type selected.</i> | | | | | | |
| 13. NO. OF PERSONS | | 14. TOTAL AWARD <i>(Give dollar amount / hours)</i> | | 15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> → | | |
| | | | | <input type="checkbox"/> MEASURABLE BENEFITS SCALE | | |
| | | | | ESTIMATED FIRST YEAR SAVINGS \$ | | |
| | | | | <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE | | |
| | | | | VALUE OF BENEFITS APPLICATION | | |
| PERFORMANCE AWARD | 16. TYPE OF RECOGNITION RECOMMENDED | | | | | |
| | <input type="checkbox"/> PERFORMANCE BONUS AWARD * | | <input type="checkbox"/> QUALITY STEP INCREASE * | | | |
| | <input type="checkbox"/> TIME OFF (PERFORMANCE-BASED) * TOTAL HOURS: <input style="width:40px;" type="text"/> | | Certification: <i>I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions 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> | | | |
| * <i>Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</i> | | | | | | |
| 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 <i>(Signature)</i> | DATE | 21. REVIEWING OFFICIAL <i>(Signature)</i> | DATE |
| TITLE: | | TITLE: | |
| 22. APPROVING OFFICIAL <i>(Signature & Title)</i> | | | DATE |
| TITLE: | | | |

PERSONNEL USE ONLY

| | | | | | | |
|--|--------------------|--------------------------|---|----------------|----------------|-------------------------------|
| 23. AGENCY CODE/POI | 24. DATE EFFECTIVE | QUALITY STEP INCREASE: → | 25. TO: <i>(Grade & Step)</i> | 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 <i>(Signature & Title)</i> | | DATE PROCESSED | |

