

# AWARD NOMINATION

TO: ADMINISTRATOR, AWARDS PROGRAM

## 1. RECOMMENDATION FOR AWARD

EMPLOYEE NAME	SOCIAL SECURITY NO	POSITION	GRADE	CODE & ORGANIZATION

CODE OF COMPETENCY RESPONSIBLE FOR AWARD PAYMENT:

JON:

## 2. TYPE OF AWARD

<input type="checkbox"/> SPECIAL ACT/SERVICE	<input type="checkbox"/> QSI AWARD	AMOUNT OF RECOMMENDED AWARD (\$ AMOUNT/HOURS OFF):  _____
<input type="checkbox"/> ON-THE-SPOT AWARD	<input type="checkbox"/> TIME-OFF	
<input type="checkbox"/> SUSTAINED EXCELLENCE AWARD	<input type="checkbox"/> OTHER	

PERIOD OF ACCOMPLISHMENT:  
  
\_\_\_\_\_

DESCRIPTION OF ACCOMPLISHMENT:

## 3. ESTIMATE OF BENEFITS (COMPLETE A AND/OR B FOR SPECIAL ACT AND ON-THE-SPOT AWARDS)

A. INTANGIBLE BENEFITS:

VALUE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SUBSTANTIAL	<input type="checkbox"/> HIGH	<input type="checkbox"/> EXCEPTIONAL
EXTENT OF APPLICATION	<input type="checkbox"/> LIMITED	<input type="checkbox"/> EXTENDED	<input type="checkbox"/> BROAD	<input type="checkbox"/> GENERAL

B. TANGIBLE BENEFITS: COMPUTE LABOR SAVINGS AT ACTUAL COST FOR FIRST YEAR OF APPLICATION IF APPLICABLE. COMPUTE SAVINGS AND ATTACH SEPARATE SHEET.

NOMINATING OFFICIAL  
(RESPONSIBLE FOR COORDINATION WITH EMPLOYEE'S SUPERVISOR)  
SIGNATURE/CODE/PHONE EXT:

AWARD AMOUNT/TIME OFF: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVING/AUTHORIZING OFFICIAL  
SIGNATURE/CODE/PHONE EXT.

DATE:

*APPROVING SIGNATURE AUTHORIZES AND DESIGNATES  
ACCOUNTABILITY FOR THE EXPENDITURE OF GOVERNMENT FUNDS*

**"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"**