

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. <i>APPROVING SIGNATURE AUTHORIZES AND DESIGNATES ACCOUNTABILITY FOR THE EXPENDITURE OF GOVERNMENT FUNDS</i>	DATE: _____

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