

RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE					DATE	
(The proponent is NGB-HR.)						
I. (TO BE COMPLETED BY OPERATING OFFICE)						
1. TYPE OF RECOGNITION RECOMMENDED						
2. BASIS FOR RECOMMENDATION <i>(See reverse under '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		
3. LAST NAME - FIRST NAME - MIDDLE INITIAL (Mr. Mrs. Miss)			4. PRESENT POSITION TITLE, GRADE, STEP AND SALARY			
5. COMMAND, INSTALLATION AND LOCATION			6. ORGANIZATION			
7. POSITION TITLE, GRADE AND SALARY DURING PERIOD OF RECOMMENDATION (If other than item 4)			8. HOME ADDRESS (Include Zip Code)			
9. SIGNATURE AND TITLE OF IMMEDIATE SUPERVISOR (Tel. ext.)			10. SIGNATURE AND TITLE OF APPROVING OPERATING OFFICIAL			
II. (TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE)						
TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED (except length of service)						
III. (TO BE COMPLETED BY LOCAL AWARDS COMMITTEE)						
11. RECOMMEND APPROVAL OF FOLLOWING AWARDS		<input type="checkbox"/> CASH	TOTAL AMOUNT	INITIAL	ADDITIONAL	
OTHER						
<input type="checkbox"/> INTANGIBLE BENEFITS			<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS		
12. <input type="checkbox"/> DISAPPROVED ¹		SIGNATURE AND TITLE				DATE
IV. (TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY)						
APPROVING AUTHORITY	ACTION		ADDITIONAL CASH AWARD		SIGNATURE AND TITLE	DATE
	APPR	DISAP ¹	APPROVED	RECOMMEND		
LOCAL COMMANDER	<input type="checkbox"/>	<input type="checkbox"/>				
STATE AWARDS COMMITTEE	<input type="checkbox"/>	<input type="checkbox"/>				
ADJUTANT GENERAL	<input type="checkbox"/>	<input type="checkbox"/>				
NGB INCENTIVE AWARDS BOARD	<input type="checkbox"/>	<input type="checkbox"/>				
(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.						
¹ Attach explanation						

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.