

RECOMMENDATION FOR PERFORMANCE RECOGNITION

After completion of Parts I, III, and V of this form, the recommending official must forward this form, with necessary number of copies, to the appropriate approving official. Monetary awards also require Fiscal Officer clearance. Completed form should be forwarded to the Servicing Personnel Office (SPO).

I. EMPLOYEE DATA

1. Name of Employee *(If Group Award, attach list)*

(Last) (First) (MI)

2. Social Security Number 3. Pay Plan/Series/Grade

4. Salary 5. Organization (Correspondence Symbol)

\$ _____

II. SYSTEM INPUT DATA *(To be completed by SPO)(Optional)*

A. PTI (NOAC)

B. Effective Date

C. Legal Authority Code

D. Award Amount

E. Tangible Benefit Amount

F. Individ./Group Award Code

III. TYPE OF AWARD

6. SPECIAL ACT AWARD	7. QUALITY STEP INCREASE		
Period Covered _____ to _____ Month Year Month Year Tangible Benefits _____ Intangible Benefits _____ Intangible Benefits Extent of Application <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Value of Contribution <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> High <input type="checkbox"/> Exceptional </td> <td style="width: 50%; vertical-align: top;"> Extent of Application <input type="checkbox"/> Limited <input type="checkbox"/> Broad <input type="checkbox"/> General <input type="checkbox"/> Gov't/Nat'l </td> </tr> </table>	Value of Contribution <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"/> Broad <input type="checkbox"/> General <input type="checkbox"/> Gov't/Nat'l	<i>(For GS employees only)</i> Outstanding rating of period <input type="checkbox"/> Yes <input type="checkbox"/> No Proposed Effective Date _____ Month Day Year Last Quality Step Increase _____ Month Day Year
Value of Contribution <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"/> Broad <input type="checkbox"/> General <input type="checkbox"/> Gov't/Nat'l		

9. PERFORMANCE AWARD	10. TIME-OFF AWARD
<i>(Based on current rating)</i> <input type="checkbox"/> PMRS (GM) <input type="checkbox"/> PMS (GS/WG, etc.) <input type="checkbox"/> Level 5 (Outstanding) <input type="checkbox"/> Level 4 (Highly Successful) <input type="checkbox"/> Level 3 (Fully Successful)	No. of hours granted _____ No. of hours granted in current leave year _____ Value of Contribution Salary equivalent in dollars \$ _____ <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial

8. HONOR AWARD *(Non-monetary)*

Distinguished Service
 Meritorious Service
 Commendable Service
 Valor
 Public Service
 Exceptional Service
 EEO Impact
 Volunteer Service
 Non-Monetary Award Item
(Describe item) _____
 Total Value of item(s) \$ _____
 Other Honor Award
(Describe) _____
 Tangible benefits \$ _____
(If applicable)

IV. AWARD RECOMMENDATION AND APPROVAL

NAME/TITLE	SIGNATURE	DATE	AWARD AMOUNT <i>(If monetary award)</i>
11. RECOMMENDING OFFICIAL			
12. APPROVING OFFICIAL			
13. SIGNATURE OF FISCAL OFFICER OBLIGATING FUNDS <i>(If monetary award)</i>	APPROPRIATION NOS.	DATE	
14. SIGNATURE OF REVIEWING PERSONNEL OFFICE OFFICIAL		DATE	