



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 1000.02
APR 07 2010

CSEL

SUBJECT: Civilian of the Quarter/Year Awards Program

1. PURPOSE. The Civilian of the Quarter/Year Award recognizes the special achievements and contributions of our employees in two categories:

- a. GS-7 thru 9 / equivalent NSPS positions
- b. GS-10 and above / equivalent NSPS positions

2. APPLICABILITY. This program applies to all personnel assigned to Headquarters Joint Task Force, National Capital Region Medical (JTF CAPMED).

3. POLICY / GENERAL CRITERIA

- a. Accomplish supervisory or non-supervisory duties in an outstanding manner, setting an example of achievement for others to follow.
- b. Demonstrate initiative and skill in developing new or improved equipment, work methods, and procedure; initiative that resulted in considerable savings in manpower, time, space, materials or other items of expense; improved safety or health of the work force.
- c. Demonstrate leadership in performing assigned duties that resulted in improved productivity of the unit.
- d. Render professional or public relations service that resulted in considerable favorable publicity for JTF CAPMED.
- e. Demonstrate courage or competence in an emergency, while performing assigned duties, which resulted in benefits to the Government or its personnel.
- f. For Civilian of the Quarter nominations, submit accomplishment performed by the nominee in the preceding quarter. However, it is possible that some accomplishments might

occur over the course of several months or the benefits of a previous act; outside that preceding quarter and might finally be realized in the current quarter.

4. RESPONSIBILITIES

a. Supervisors shall:

- (1) Nominate individuals for this program in accordance with the timelines designated.
- (2) Ensure nominations are accurate and complete in accordance with guidelines.

b. The Military/Civilian Awards Board shall:

- (1) Review nomination packets and vote on a winner for each category.
- (2) Ensure that the SF 52 Personnel Action Request Form, Summary of Achievements, and Citation is forwarded to the J1, Personnel Services Branch where Employee of the Quarter certificates will be prepared.

c. The J-1, Personnel Services Branch shall:

- (1) Receive and track all nominations for each award category.
- (2) Ensure all nominations submitted on-time are considered by the Military/Civilian Awards Board.
- (3) Prepare award certificates for presentation.

5. INFORMATION REQUIREMENTS

a. Employee of the Quarter

- (1) Nomination/Selection Criteria
 - (a) Supervisors complete SF 52 Personnel Action Request Form, Summary of Achievements, and Citation.
 - (b) A supporting justification that relates to the nominee's performance will be limited to one 8-1/2 x 11 double spaced page highlighting the significant achievement(s) of the nominee.
 - (c) A citation not to exceed nine lines.

(d) Nominations must be submitted to <http://www.jtfcapmed.mil> no later than 1400 on the 1st Thursday of the following month: January, April, July, and October.

(e) The Military/Civilian Awards Board will review all nominations and select the best qualified nominee based on the criteria.

(2) Recognition for Employee of the Quarter. Civilian employee of the quarter winners will receive:

- (a) A Certificate of Commendation signed by the JTF CAPMED Commander
- (b) On-The-Spot cash award of \$100.00
- (c) A designated parking space
- (d) Commander's coin

b. Employee of the Year

(1) Nomination/Selection Criteria

(a) Supervisors complete SF 52 Personnel Action Request Form, Summary of Achievements, and Citation.

(b) A supporting justification that relates to the nominee's performance will be limited to one 8-1/2 x 11 double-spaced page highlighting the significant achievement(s) of the nominee.

(c) A citation not to exceed nine lines.

(d) Nominations must be submitted to <http://www.jtfcapmed.mil> no later than close of business on the 2nd Thursday of January.

(e) The Military/Civilian Awards Board will review all nominations and select the best qualified nominee based on the general criteria. Employee of the Year selection will occur in January for the prior calendar year.

(2) Recognition for Employee of the Year. Civilian Employee of the Year winners will receive:

- (a) Plaque
- (b) On-The-Spot cash award of \$500.00
- (c) A designated parking space

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(d) Commander's coin.

6. RELEASABILITY. All Directors shall ensure all personnel adhere to the procedures outlined in this Instruction. This Instruction is approved for public release and is available on the Internet from JTF CAPMED Web Site at <http://www.jtfcapmed.mil>.

7. EFFECTIVE DATE. All provisions of this Instruction are effective immediately.



J. M. MATECZUN
Vice Admiral, MC, U.S. Navy
Commander

Enclosures

1. Employee Award Nomination and Approval Form
2. Sample SF 52, Request for Personnel Action

ENCLOSURE 1

EMPLOYEE AWARD NOMINATION AND APPROVAL FORM

[Link to Fill-and-Print Form](#)

EMPLOYEE NAME <i>(For group awards attach all group members showing name, SSN, & award amount of each employee)</i>		SSN	
		Pay Plan & Grade	
ACTIVITY NAME		UIC/ Service Code	
<input type="checkbox"/>	Quality Step Increase	From Grade/ Step:	To Grade/ Step:
<input type="checkbox"/>	Civilian of Quarter/Year Award	Start: End:	Amount: \$
<input type="checkbox"/>	Special Act/ Service Award	Period of Special Achievement Start: End:	Amount: \$
<p>A. TANGIBLE BENEFITS. Approximate tangible value of benefit or savings: \$ _____</p> <p>B. INTANGIBLE BENEFITS/VALUE OF CONTRIBUTION:</p> <p>(1) Value <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> High <input type="checkbox"/> Exceptional</p> <p>(2) Extent of <input type="checkbox"/> Limited <input type="checkbox"/> Extended <input type="checkbox"/> Broad <input type="checkbox"/> General</p> <p>Application</p>			
<input type="checkbox"/>	On- the- Spot Award <i>(Special Act or Service)</i>		Amount: \$
<input type="checkbox"/>	Time Off Award		Number of hours:
<input type="checkbox"/>	Non-Monetary Award/Innovative Award		
<input type="checkbox"/>	Other Type Award (Suggestion/Invention)		

JUSTIFICATION STATEMENT (Must be contained within the following 20 lines):

(1) Name & Title of Recommending Official		(2) Awards Coordinator	
Signature	Date	Signature	Date
(3) Awards Board Recommend Approval/Disapproval		(4) Approving Official	
Signature	Date	Signature	Date

Comments:

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ENCLOSURE 2

Standard Form 52
Rev. 8/8
U.S. Office of Personnel Management
FPM Chapter 296

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested		2. Request Number	
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date	
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized By (Typed Name, Title, Signature, and Request Date)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security #	3. Date of Birth	4. Effective Date
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First Action				Second Action							
5-A. Code	5-B. Nature of Action			6-A. Code	6-B. Nature of Action						
5-C. Code	5-D. Legal Authority			6-C. Code	6-D. Legal Authority						
5-E. Code	5-F. Legal Authority			6-E. Code	6-F. Legal Authority						
7. FROM: Position Title and Number				15. TO: Position Title and Number							
8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Salary/Award	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Salary/Award	21. Pay Basis
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					

Employee Data

23. Veteran Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability		4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 7 - 10-Point/Compensable/ 30%		24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite		25. Agency Use <input type="checkbox"/>		26. Veterans Preference for RII YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. FEGLI <input type="checkbox"/>				28. Annuitant Indicator <input type="checkbox"/>				29. Pay Rate Determinant <input type="checkbox"/>			
30. Retirement Plan <input type="checkbox"/>			31. Service Comp. Date (Leave) <input type="checkbox"/>		32. Work Schedule <input type="checkbox"/> I - intermittent J - INT Seasonal F - Full-time G - FT Seasonal H - FT On-Call P - Part-time Q - PT Seasonal R - PT On-Call			33. Part-Time hours Per Biweekly Pay Period <input type="checkbox"/>			

Position Data

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service		3 - SES General <input type="checkbox"/> 4 - SES Career Reserved		35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status								
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location)												
40. Agency Data		41.	42.	43.	44.		45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other		50. Vietnam Era Vet <input type="checkbox"/> V - Yes <input type="checkbox"/> N - No		51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date