

EMPLOYEE AWARD NOMINATION AND APPROVAL FORM

EMPLOYEE NAME <i>(For group awards attach all group members showing name, SSN, & award amount of each employee)</i>		Last four SSN									
		Pay Plan & Grade									
DEPARTMENT NAME		UIC/ ORG Code									
	Quality Step Increase	From Grade/ Step:	To Grade/ Step:								
	Civilian of the Quarter/Year Award	Start: End:	Amount: \$								
	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> <table border="0"> <tr> <td>(1) Value</td> <td>Moderate</td> <td>Substantial</td> <td>High</td> </tr> <tr> <td>(2) Extent of Application</td> <td>Limited</td> <td>Extended</td> <td>Broad General</td> </tr> </table>				(1) Value	Moderate	Substantial	High	(2) Extent of Application	Limited	Extended	Broad General
(1) Value	Moderate	Substantial	High								
(2) Extent of Application	Limited	Extended	Broad General								
	On- the- Spot Award (<i>Special Act or Service</i>)	Amount: \$									
	Time Off Award	Number of hours:									
	Non-Monetary Award/Innovative Award										
	Other Type Award (Suggestion/Invention)										

JUSTIFICATION STATEMENT (1500 characters or less):

(1) RECOMMENDING OFFICIAL (Name and Title)	Signature:
(2) BUDGET ANALYST/COMPTROLLER Approved Disapproved	Signature
(3) DIRECTOR FOR DEPARTMENT Approved Disapproved	Signature
(4) CHIEF OF STAFF Approved Disapproved	Signature
(5) NCR MD CHIEF FOR PERSONNEL Approved Disapproved	Signature

Additional Comments: