EMPLOYEE AWARD NOMINATION AND APPROVAL FORM

EMPLOYEE NAME *(For group awards attach all group members showing name, SSN, & award amount of each employee)*	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: $

A. TANGIBLE BENEFITS. Approximate tangible value of benefit or savings: $

B. INTANGIBLE BENEFITS/VALUE OF CONTRIBUTION:

(1) Value	Moderate	Substantial	High	
(2) Extent of Application	Limited	Extended	Broad	General

	On- the- Spot Award *(Special Act or Service)*	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: