

**INSTRUCTIONS FOR COMPLETION OF FORM AD-287-2
“RECOMMENDATION AND APPROVAL OF AWARDS”**

Note: All awards require written justification to be attached to the AD-287-2. If recommending a group award, attach a sheet listing the information for blocks # 1 through # 6 and # 14 (individual amount) for each employee in the group.

Case No.	Personnel Use Only	The requesting office may choose to enter a tracking number, Example: ABC-11-01 (office abbrev-year-begin count).
Block # 1	Agency Name	Enter employee’s agency (e.g., AMS or APHIS).
Block # 2	Name of Employee	Enter employee’s full legal name as it appears in the NFC database and official personnel file (e.g., Michael J. Smith III, not Mike Smith; Helen P. Wilson-Tyler, not Patty Wilson).
Block # 3	Social Security Number	Enter employee’s correct Social Security Number (SSN). May provide the last 4 digits of the SSN if the correct, full legal name is provided in Block #2.
Block # 4	Position Title	Enter employee’s current position title.
Block # 5	Pay Plan-Series/ Grade/Step	Enter employee’s pay plan, series, grade, and step (e.g., GS-0303/07/01).
Block # 6	Organization and Location	Enter employee’s current Program or Division followed by his/her physical location (e.g., ITD; Riverdale, MD).
Block # 7	Period Covered for Award	Enter the beginning and ending dates of the contribution for which the employee is being recommended. Use the format: mmddyy to mmddyy.
Block # 8	Accounting Code	Enter the accounting code. If not known, contact the Recommending Individual or Approving Official. Make sure the accounting code reflects the correct fiscal year.
Block # 9	Mail Check To	Leave blank if money is to be electronically deposited in employee’s account.
Block # 10	List of Awards	List awards the employee has received in the last 52 weeks.
Block # 11	Citation	If a certificate will be prepared, enter citation exactly it should appear on the certificate. Please ensure the citation does not exceed 25 words and is appropriate for public recognition. This is NOT the award justification. Award justifications must be on a separate paper attached to the AD-287-2.

Block # 12	Type of Recognition	Check the appropriate box.
Block # 13	Number of Persons	If recommending an individual, put “1”. If recommending a group award, put the total number of employees in the group (e.g., “12”).
Block # 14	Total Award	Enter the value of the award, either in dollars or in hours. If recommending a group, put the total value of the award in Block 14. Put the amount of each employee’s portion of the total award on the attached sheet along with Block # 1 through #6 information.
Block # 15	Total Dollar Amount/Hours Based On:	If you are aware of a dollar amount the Government has saved because of the contribution, check “Measurable Benefits Scale” and enter it in the “Estimated First Year Savings” block. If a dollar savings is not available, check “Non-measurable Benefits Scale,” and complete the “Value of Benefits” and “Application” blocks.

If recommending employee for a Performance Bonus Award or a QSI, complete blocks 16 through 19. If not, skip to block 20.

Block # 16	Type of Recognition	Check the appropriate box.
Block # 17	Date of Last Promotion	Complete only if recommending for a QSI.
Block # 18	Date of Last Within Grade Increase	Complete only if recommending a QSI.
Block # 19	Amount Recommended for Performance Bonus Award	Complete with dollar amount. If recommending QSI, leave blank.
Block # 20	Recommending Individual	Sign, date, and type title.
Block # 21	Reviewing Official	May be signed here by a second approver or quality reviewer. Sign, date, and type title.
Block # 22	Approving Official	Must be signed here; must be at a higher level than the Recommending Individual. Sign, date, and type title.
Block # 23 – 29	Personnel Use Only	Do not complete these blocks.