Attachment 3-A

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE
RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. *(Personnel Use Only)*

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY GIPSA	2. NAME OF EMPLOYEE *(Last, first, middle initial)* Doe, Jane B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE Agrl Commod Grader (Grain)	5. PAY PLAN- SERIES / GRADE / STEP GS-1980-09/05
6. ORGANIZATION AND LOCATION New Orleans, LA	7. PERIOD COVERED FOR AWARD *(mm, dd, yy)* From: 05/01/97 To: 06/30/97	8. ACCOUNTING CODE 1234567
9. IF AWARD APPROVED, MAIL CHECK TO: ☐ SALARY CHECK ADDRESS ☒ OTHER *(Specify address)*: →	*(ADDRESS)* USDA, GIPSA, FGIS P.O. Box 640 Destrehan, LA 70047	

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS *(Specify type of award, amount received, and effective date.)*
None

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language will appear on the employee's certificate.)*
EMPLOYEE IS BEING RECOGNIZED FOR:
Performing duties outside recognized ACG responsibilities to increase the efficiency of the field office and provide service to our customers.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD

12. TYPE OF RECOGNITION RECOMMENDED *(check one)*

☐ EMPLOYEE SUGGESTION OR INVENTION * ☒ EXTRA EFFORT AWARD * ☐ SPOT AWARD ☐ TIME OFF AWARD ** ☐ OTHER *

☐ KEEPSAKE AWARD ☐ GAINSHARING AWARD

** Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.*
*** Attach a description if the contribution exceeds the moderate benefits.*

13. NO. OF PERSONS	14. TOTAL AWARD *(Give dollar amount / hours, or value of item)*	15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: *(Check approp. box)* →		ESTIMATED FIRST YEAR SAVINGS	
1	$250.00		☐ MEASURABLE BENEFITS SCALE	$	
			☒ NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS Moderate	APPLICATION Extended

PERFORMANCE BONUS AWARD

16. TYPE OF RECOGNITION RECOMMENDED *(check one)*

☐ PERFORMANCE BONUS AWARD * ☐ QUALITY STEP INCREASE *

Certification: *I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.*

** Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.*

17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD $

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL *(Signature)*	DATE	21. REVIEWING OFFICIAL *(Signature)*	DATE
TITLE: Area Manager		TITLE:	

22. APPROVING OFFICIAL *(Signature & Title)* — DATE
Field Office Manager

PERSONNEL USE ONLY

23. AGENCY CODE / POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: *(Grade & Step)*	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE

I certify that the proposed action is in compliance with statutory and regulatory requirements

29. PERSONNEL OFFICIAL *(Signature & Title)* — DATE PROCESSED

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