

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		CASE NO. (Personnel Use Only)	
RECOMMENDATION & APPROVAL OF AWARDS			
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) Smith, John R.	
3. SOCIAL SECURITY NO. 123-45-6789		4. POSITION TITLE Agrl Commod Technician	5. PAY PLAN - SERIES / GRADE / STEP GS-1981-05/04
6. ORGANIZATION AND LOCATION GIPSA, Toledo, Ohio		7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 10/1/98 To: 10/30/98	8. ACCOUNTING CODE XXXXXX
9. IF AWARD APPROVED, MAIL CHECK TO:			
<input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →			
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: Outstanding effort during the field office and storage room relocation and Putting forth exemplary physical effort to move valuable documents and equipment without damage or loss.			
COMPLETE THE APPROPRIATE AWARD SECTION			
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)		
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input checked="" type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER *		
	<input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> 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 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$250.00	15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check approp. box) →	ESTIMATED FIRST YEAR SAVINGS
		<input type="checkbox"/> MEASURABLE BENEFITS SCALE	\$
		<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS: Substantial APPLICATION: Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)		
	<input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * <i>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.</i>		
* 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		DATE	DATE
TITLE: Field Office Manager		TITLE:	
22. APPROVING OFFICIAL (Signature & Title) Division Director			DATE
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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	United States Department of Agriculture Grain Inspection, Packers and Stockyards Administration
SPOT AWARD	
"For a Job Well Done"	
Issued to:	
Citation:	
Date:	_____

FORM GIPSA-300 (NOV 98)