

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) 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: 01/17/96 To: | 8. ACCOUNTING CODE 1234567 |
| 9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input checked="" type="checkbox"/> OTHER (Specify 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: Submitting an employee suggestion to install ground-fault electrical outlets at Federal Grain Inspection Service work locations with water sources. | | |
| COMPLETE THE APPROPRIATE AWARD SECTION | | |
| EXTRA EFFORT AWARD | 12. TYPE OF RECOGNITION RECOMMENDED (check one) | |
| | <input checked="" type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input 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) \$300.00 |
| | 15. TOTAL DOLLAR AMOUNT/ HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE | ESTIMATED FIRST YEAR SAVINGS \$ VALUE OF BENEFITS Moderate APPLICATION Extended |
| PERFORMANCE BONUS AWARD | 16. TYPE OF RECOGNITION RECOMMENDED (check one) | |
| | <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> 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: Field Office Manager | | TITLE: |
| 22. APPROVING OFFICIAL (Signature & Title) | | DATE |
| Director, Field Management Division | | |
| PERSONNEL USE ONLY | | |
| 23. AGENCY CODE / POI | 24. DATE EFFECTIVE | 25. TO: (Grade & Step) |
| QUALITY STEP INCREASE: → | 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 |

☆ U.S. GOVERNMENT PRINTING OFFICE 1995-617-376 Form AD-287-2 (7/94)