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U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS		CASE NO. XXXXX
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY APHIS	2. NAME OF EMPLOYEE <i>(Last, First MI)</i> DOE, JANE B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE MANAGEMENT ANALYST	5. PAY PLAN-SERIES/GRADE/STEP GS-0343-12
6. ORGANIZATION AND LOCATION XX, RIVERDALE, MD	7. PERIOD COVERED FOR AWARD <i>(mm / dd / yy)</i> From: 3/1/15 To: 3/31/15	8. ACCOUNTING CODE 1234567
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i>		(ADDRESS)
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS <i>(Specify type of award, amount received, and effective date.)</i> \$100 SPOT AWARD 3/8/15; 8 HOURS TIME OFF 12/14/14		

11. CERTIFICATE CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language is only needed if a certificate will be prepared. This block is not the award justification.)*

EMPLOYEE IS BEING RECOGNIZED FOR:
OUTSTANDING EFFORT DURING THE OFFICE RELOCATION AND PUTTING FORTH EXEMPLARY EFFORTS TO BACK UP AND STORE VALUABLE DOCUMENTS WITHOUT DAMAGE OR LOSS.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED <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"/> REFERRAL BONUS <input type="checkbox"/> GAINSHARING AWARD <i>Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government for each award type selected.</i>				
	13. NO. OF PERSONS 1	14. TOTAL AWARD <i>(Give dollar amount / hours)</i> \$100.00	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ VALUE OF BENEFITS: SMALL APPLICATION: LIMITED
PERFORMANCE AWARD	16. TYPE OF RECOGNITION RECOMMENDED <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * <input type="checkbox"/> TIME OFF (PERFORMANCE-BASED) * TOTAL HOURS: <input type="text"/> <i>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</i> Certification: <i>I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions 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>				
	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 <i>(Signature)</i> SUPERVISOR	DATE XX/XX/XX	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE
TITLE: X		TITLE:	
22. APPROVING OFFICIAL <i>(Signature & Title)</i> SECOND LEVEL SUPERVISOR OR ABOVE			DATE XX/XX/XX
TITLE: X			

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: <i>(Grade & Step)</i>	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 <i>(Signature & Title)</i>		DATE PROCESSED	