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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:

PROVIDING A HIGH QUALITY AND HIGH VOLUME SERVICE TO CUSTOMERS DURING A PERIOD OF PERSONNEL SHORTAGE AND INCREASED WORKLOAD.

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 type="checkbox"/> SPOT AWARD <input checked="" 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> 20 HOURS	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> ➔	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$	
			<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS MODERATE/SU	APPLICATION	
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			(IF 10 HOURS OR LESS, NO HIGHER - LEVEL SIGNATURE REQUIRED) 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	