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

CASE NO.

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

1. AGENCY	2. NAME OF EMPLOYEE <i>(Last, First MI)</i>	
3. SOCIAL SECURITY NO.	4. POSITION TITLE	5. PAY PLAN-SERIES/GRADE/STEP
6. ORGANIZATION AND LOCATION	7. PERIOD COVERED FOR AWARD <i>(mm / dd / yy)</i> From: _____ To: _____	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i>		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS *(Specify type of award, amount received, and effective date.)*

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:

**COMPLETE THE APPROPRIATE AWARD SECTION**

<b>EXTRA EFFORT AWARD</b>	12. TYPE OF RECOGNITION RECOMMENDED				
	<input type="checkbox"/> <b>EMPLOYEE SUGGESTION OR INVENTION</b> <input type="checkbox"/> <b>EXTRA EFFORT AWARD</b> <input type="checkbox"/> <b>SPOT AWARD</b> <input type="checkbox"/> <b>TIME OFF AWARD</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <b>REFERRAL BONUS</b> <input type="checkbox"/> <b>GAINSHARING AWARD</b> <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	14. TOTAL AWARD <i>(Give dollar amount / hours)</i>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> ➔	<input type="checkbox"/> <b>MEASURABLE BENEFITS SCALE</b> <input type="checkbox"/> <b>NONMEASURABLE BENEFITS SCALE</b>	ESTIMATED FIRST YEAR SAVINGS \$ _____ VALUE OF BENEFITS    APPLICATION

<b>PERFORMANCE AWARD</b>	16. TYPE OF RECOGNITION RECOMMENDED		
	<input type="checkbox"/> <b>PERFORMANCE BONUS AWARD *</b> <input type="checkbox"/> <b>QUALITY STEP INCREASE *</b> <b>Certification:</b> <i>I certify, by my signature in the Recommendation &amp; 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> <input type="checkbox"/> <b>TIME OFF (PERFORMANCE-BASED) *</b> <b>TOTAL HOURS:</b> <input style="width:50px;" type="text"/> <i>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</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>	DATE	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE
TITLE:		TITLE:	
22. APPROVING OFFICIAL <i>(Signature &amp; Title)</i>			DATE
TITLE:			

**PERSONNEL USE ONLY**

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

