

UNITED STATES DEPARTMENT OF THE INTERIOR RECOMMENDATION AND APPROVAL OF AWARDS

Agency/Bureau	Name Of Employee (Last, First, Middle Initial)	
Social Security No. X X X - X X - _____	Position Title	Pay Plan-Series/Grade/Step
Duty Station	Period Covered For Award (MM/DD/YY) From: _____ To: _____	Cost Account Number

COMPLETE THE APPROPRIATE AWARD SECTION BELOW

MONETARY AWARD:

_____ Performance-Based Cash Award

_____ Exceptional (Level 5) Performance Rating \$ _____ or % _____

_____ Superior (Level 4) Performance Rating \$ _____ or % _____

_____ Quality Step Increase
(Exceptional (Level 5) Performance Rating Required)

_____ Star (Special Thanks for Achievement) Award \$ _____

_____ Productivity Improvement Award \$ _____

_____ Invention/Patent Award \$ _____

NON-MONETARY AWARD:

_____ Time-Off Recognition
Number of Hours: _____

_____ Non-Monetary Recognition
Cash Value of \$ _____

HONOR AWARD:

_____ Distinguished Service Award

_____ Partners in Conservation Award

_____ Valor Award

_____ Outstanding Service Award

_____ Meritorious Service Award

_____ Unit Award for Excellence of Service

_____ Superior Service Award

_____ Exemplary Act Award

_____ Citizen's Award for Exceptional Service Award

_____ Citizen's Award for Bravery

_____ Other Award _____

BUREAU-SPECIFIC AWARD:

Name of Award: _____

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 non-merit factors. Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).

RECOMMENDATION AND APPROVAL

Recommending Individual (Signature)	Date	Reviewing Official (Signature)	Date
Name/Title (Print)		Name/Title (Print)	
Reviewing Official (Signature)	Date	Approving Official (Signature)	Date
Name/Title (Print)		Name/Title (Print)	

CONVOCAION HONOR AWARD REVIEW APPROVAL

HR Review of Official Personnel Folder (Signature)	Date	Finding
Bureau Office of Civil Rights (Signature)	Date	Finding
Department Office of Civil Rights (Signature)	Date	Finding
Office of Inspector General (Signature)	Date	Finding
Office of the Solicitor (Signature)	Date	Finding

JUSTIFICATION

Summary of Accomplishments/Contributions Being Recognized by Award

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FINANCIAL ACTION RECORD

This record is to initiate payment, accounting, and tax transactions for only non-monetary recognition of significant value.

Recipient Name:				Social Security No. X X X - X X - _____	
_____ Bureau	_____ Sub-Bureau	_____ Block	_____ Org. Code	_____ Cost Account	
NON-MONETARY RECOGNITION OF SIGNIFICANT VALUE				(Date Presented: _____)	
Cash Value of Award (Hours Code 66A)				\$ _____ (Net Amount)	
Value Including Taxes (Cash Value divided by .55) (Hours Code 30A)				\$ _____ (Gross Amount)	

Disposition of this form: Original to servicing personnel office, copy to recipient. FAX this form to the Payroll Operations Division. This FAX is in lieu of Original. **DO NOT SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.**