RECOMMENDATION FOR INCENTIVE AWARD

Information pertaining to awards may be found in the HRO manual Chapter 451. Special Act: Amount - \$ On-the-Spot: Amount - \$ **Quality Step Increase** ___ Time-Off: Hours to be used by (1 year maximum) **EMPLOYEE:** SSN: If the Award is for more than one individual, attach a list of names, with SSN and award amount for each. **ACTIVITY:** UIC: **UIC of Recommending Official:** (If UIC is different from recommended employee(s) please provide accounting appropriation on next line.) Accounting appropriation: TANGIBLE/INTANGIBLE ESTIMATE OF BENEFITS A. TANGIBLE BENEFITS. Approximate tangible value of benefit or savings: \$ **B. INTANGIBLE BENEFITS** (1) Value Moderate **Substantial** High **Exceptional Limited Extended** Broad General (2) Extent of Application JUSTIFICATION FOR AWARD: Recommending Official's Signature **Approving Official's Signature Typed Name Typed Name** Date Title Date

HRO NORVA 12451/4 (2/99)