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 nonmerit factors.

| | , | ounor mon | | | | | | | | | | |
|--|--|-----------------------|---------------|--------------|--|----------------|-------------------------------------|-------------------------------|-------------------------------|-------------|--------------|--|
| U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS | | | | | | | | CASE NO. (Personnel Use Only) | | | | |
| NOTE | · For group | awards at | ttach list o | f aroup mer | mhers Show data | in Items 2 - 9 |), and award amour | nt for ea | ach pavee | | | |
| 1. AGE | | awaras, at | 114011 1131 0 | r group mer | 2. NAME OF EMPL | | | 101 00 | ion payee. | | | |
| 3. SOCIAL SECURITY NO. | | | | | 4. POSITION TITLE | | | 5. P | 5. PAY PLAN-SERIES/GRADE/STEP | | | |
| 6. ORGANIZATION AND LOCATION | | | | | 7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: To: | | | 8. A | 8. ACCOUNTING CODE | | | |
| 9. IF AWARD APPROVED, MAIL CHECK TO: | | | | | From: (ADDRESS) | | 0: | | | | | |
| 0. 11 7 | _ | RY CHECK | | | (712271200) | | | | | | | |
| | | R (Specify | | | I | | | | | | | |
| 10. LIS | T AWARDS C | OR QSI'S IN | THE PAS | Γ 52 WEEKS | (Specify type of awa | rd, amount re | ceived, and effective o | date.) | | | | |
| | TATION: SUM | | | | UTION IN 25 WORDS | S OR LESS. | (This language will ap _l | pear on | the employee's certific | rate.) | | |
| COMPLETE THE APPROPRIATE AWARD SECTION | | | | | | | | | | | | |
| 12. TYPE OF RECOGNITION RECOMMENDED (check one) | | | | | | | | | | | | |
| EXTRA EFFORT AWARD | 1 1 1 | PLOYEE SI INVENTIO | | | WTD 4 EFFORT | | | | TIME OFF AWARD ** | | OTHER * | |
| | KEEPSAKE AWARD | | | | | | GAINSHARING AWARD | | | | | |
| | * Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. | | | | | | | | | | | |
| | ** Attach a description if the contribution exceeds the moderate benefits. | | | | | | | | | | | |
| | 13. NO. O | F 14. | TOTAL A | WARD | 15. | | MEASURABLE | ES1 | IMATED FIRST YEAR | R SAVINGS | | |
| | PERS | ONS | (Give doll | llar | TOTAL DOLLAR | | | | | | | |
| | | amount or value | | of item) | | | BENEFITS SCALE | | \$ | | | |
| Ш | | | or value c | n nem) | BASED ON: | | | VAI | UE OF BENEFITS | APPLICATION | | |
| | | | | | (Check approp. box) | | NONMEASURABLE BENEFITS SCALE | | | | | |
| | 16. TYPE OI | F RECOGN | IITION REC | OMMENDE | D (check one) | | | | | | | |
| | TO DEPENDANCE PONICE | | | | | | | | | | | |
| | AWARD * | | | | | | | | | that the | | |
| 2 2 | 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; | | | | | | | | | | outstanding; | |
| ORI JS / | | | | | and that the pe | erformance is | s characteristic and | is expe | ected to continue in | the future. | | |
| PERFORMANCE BONUS AWARD | * Attach a d | copy of em | nployee's l | atest perfor | mance rating of rec | cord. Also, a | ttach a justification | statem | ent, if required. | | | |
| H 9 | | | | | | | THIN GRADE INCREASE | | 19. AMOUNT RECOMMENDED FOR | | | |
| | | | | | | | | | PERFORMANCE BONUS AWARD | | | |
| | | | | | | | | | \$ | | | |
| | | | | | RECOM | MENDATION | AND APPROVAL | | | | | |
| 20. RE | COMMENDIN | IG INDIVID | UAL (Signa | ture) | DATE | 21. REV | IEWING OFFICIAL (S | Signature |) | DATE | | |
| | | | | | | | | | | | | |
| TITLE: | | | | | | TITLE: | | | | | | |
| | PROVING OF | FICIAL (Sic | anature & T | itle) | | IIIIEE. | | | | DATE | | |
| 22. APPROVING OFFICIAL (Signature & Title) | | | | | | | | | | DATE | | |
| | | | | | DI | ERSONNEL | USE ONLY | | | | | |
| 23. AGENCY 24. DATE QUALITY 25. TO: (Grade | | | | | | | 26. NEW SALARY | , | 27. RATE | 28. PAY | RATE DETER- | |
| | DDE/POI | EFFEC | CTIVE | STEP | 20. 10. (State & Step) | | | | | | ANT CODE | |
| IN | | | INCREASE: | → | | | | | | | | |
| | | | | 29 PERSO | NNEL OFFICIAL (Sig | nature & Titlo |) | | | DATE PRO | CESSED | |
| is in co | that the prop impliance with | statutory | n | 20. 1 2100 | LE OIT TOTAL (OIG | ,a.a.o & Tide | , | | | DATE PRO | JOLGGED | |

*U.S. GPO: 1977-516-741/85276