



RECOMMENDATION AND APPROVAL OF AWARDS

This form is used to approve and recommend awards for U.S. Department of the Interior employees. Please fill out the appropriate section. 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).
Disposition of this form: Original copy of this form is sent to the Human Resources (HR) Office, copy to recipient.

Part I: Employee's Information **required fields*
 Complete this section for **individual award nominations** (e.g., Performance Rating-Based Award, Monetary Award, Non-Monetary Award, or Honor Award). For group award nominations, complete the group award nomination information in Section XII of this form.

1. Bureau/Office:*	2. Full Name of Employee (Last, First, Middle Initial):*
3. Last 4-Digits of Social Security Number (SSN):*	4. Position Title:*
5. Pay Plan/Series/Grade/Step:*	6. Duty Location (City and State):*
7. Period Covered for Award (mm/dd/yy to mm/dd/yy):*	

Part II: Financial Information (Monetary Awards) **required fields*
 Complete this section for all monetary awards.

8. Organizational Code:*
9. Functional Area:*
10. Program Element (PE) Code:*
11. Work Breakdown Structure (WBS)/Project Code:*
12. Fund Code:*
13. Cost Center:*

Part III: Financial Action Record (Non-Monetary Awards) **required fields*
 Complete this section for all non-monetary awards. This record is to initiate payment, accounting, and tax transactions for only non-monetary recognition of significant value.

14. Bureau:*
15. Sub-Bureau:*
16. Organizational Code:*
17. Cost Account:*
18. WBS/Project Code:
19. Fund Code:

20. Cost Center:			
21. Non-Monetary Recognition of Significant Value:*			
22. Date Presented:*			
23. Cash Value of Award (Hours Code – 66A):*			(Net Amount)
24. Value Including Taxes (Cash Value divided by 0.55) (Hours Code – 30A):*			(Gross Amount)
Part IV: Performance Rating-Based Awards			
<i>Complete this section for all rating-based awards.</i>			
	25. Performance Rating-Based Cash Award		
	a. Outstanding (Level 5) Performance Rating \$	or	%
	b. Exceeds Expectations (Level 4) Performance Rating \$	or	%
	c. Fully Successful (Level 3) Performance Rating \$	or	%
	26. Quality Step Increase (Level 5 Performance Rating Required)		
	27. Time-Off Recognition Number of Hours:		
Part V: Other Monetary Awards			
<i>Complete this section for other monetary awards.</i>			
	28. STAR (Special Thanks for Achieving Results) Award \$		
	29. Productivity Improvement Award \$		
	30. Historic Preservation Award \$		
	31. Invention/Patent Award \$		
	32. Other Award Name:	\$	
33. Cash Value of Award (Net Amount) \$			
34. Value Included Taxes (Cash Value divided by 0.55) (Gross Amount) \$			
Part VI: Non-Monetary Awards			
<i>Complete this section for non-monetary awards.</i>			
35. Time-Off Recognition: Number of Hours:			
36. Non-Monetary Recognition: Cash Value \$			
37. Other Award Name:			

Part VII: Honor Awards Select the appropriate honor award.			
	38. Aviation Safety Award		46. Outstanding Service Award (for Political Appointees)
	39. Citizen's Award for Bravery		47. Natural Resource Conservation Achievement Award
	40. Citizen's Award for Exceptional Service		48. Partners in Conservation Award
	41. Departmental Unsung Hero Award		49. Safety and Health Award of Excellence
	42. Distinguished Service Award		50. Superior Service Award
	43. Secretary's Diversity Award		51. Unit Award for Excellence of Service
	44. Exemplary Act Award		52. Valor Award
	45. Meritorious Service Award		53. Other Award:

Part VIII: Recommendation and Approval <i>*required fields</i>		
<i>Complete the signatures that are applicable for awards processing in your bureau/office.</i>		

54. Recommending Individual Full Name and Title:*	55. Recommending Individual's Signature:*	56. Date:*
57. Supervisor's Full Name and Title:	58. Supervisor's Concurrence Signature:	59. Date:
60. Reviewing Individual's Full Name and Title:*	61. Reviewing Individual's Signature:*	62. Date:*
63. Approving Individual's Full Name and Title:*	64. Approving Individual's Signature:*	65. Date:*
66. Other Bureau Required Approval's Full Name and Title:	67. Other Bureau Required Approval's Signature:	68. Date:

Part IX: Convocation and Honor Awards Review for Derogatory Information		<i>*required fields</i>
<i>Please enter Not Applicable (N/A) if there were no findings of derogatory information.</i>		
69. HR Review of Official Personnel Folder Signature:*	70. Finding:*	71. Date:*
72. Bureau Office of Civil Rights Signature:*	73. Finding:*	74. Date:*
75. Department Office of Civil Rights Signature:*	76. Finding:*	77. Date:*
78. Office of Inspector General Signature:*	79. Finding:*	80. Date:*
81. Department Ethics Office Signature:*	82. Finding:*	83. Date:*
Part X: Honor Awards Approval		<i>*required fields</i>
84. Bureau/Office Director's Signature:*	85. Date:*	
86. Assistant Secretary's Signature:*	87. Date:*	
Part XI: Award Justification		<i>*required fields</i>
88. Provide award justification below.*		

