

## Reclamation Manual

### Directives and Standards

### UNITED STATES DEPARTMENT OF THE INTERIOR RECOMMENDATION AND APPROVAL OF AWARDS

Agency/Bureau		Name Of Employee (Last, First, Middle Initial)	
Social Security No. XXX-XX-		Position Title	Pay Plan-Series/Grade/Step
Duty Station	Period Covered For Award (MM/DD/YY) From: _____ To: _____		Cost Center
Fund Code	Functional Area	Work Order	WBS (Project Code)

#### 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: (Requires third signature block, Reviewing Official, Denver Office)**

\_\_\_\_ 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: \_\_\_\_\_

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BOR - Rev. 8/1/14

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#### RECOMMENDATION AND APPROVAL

Recommending Individual – Name/Title (Print)	(Signature)	Date
Reviewing Official – Name/Title (Print)	(Signature)	Date
Reviewing Official, Denver Office – Name/Title (Print)	(Signature)	Date
Reviewing Official – Name/Title (Print)	(Signature)	Date
Approving Official – Name/Title (Print)	(Signature)	Date

#### CONVOCATION HONOR AWARD REVIEW APPROVAL

HR Review of Official Personnel Folder (Signature)	Date	Finding
Bureau/Regional 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

<b><u>Summary of Accomplishments/Contributions Being Recognized by Award</u></b>

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<b>FINANCIAL ACTION RECORD</b>				
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
Fund Code	Functional Area	Work Order	WBS (Project Code)	
<b>NON-MONETARY RECOGNITION OF SIGNIFICANT VALUE</b>			(Date Presented: _____)	
Cash Value of Award (Hours Code 66A)			\$ _____ (Net Amount)	
Value Including Taxes (Cash Value divided by .55) (Hours Code 30A)			\$ _____ (Gross Amount)	
<p><b>Disposition of this form:</b> Original to servicing personnel office, copy to recipient. FAX this form to the Payroll Operations Division. This FAX is in lieu of Original. <b><u>DO NOT SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.</u></b></p>				
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