

**RECOMMENDATION FOR CASH AWARD**

<b>I. EMPLOYEE DATA</b>			<b>II. SYSTEM INPUT DATA</b> (To be completed by personnel office):	
1. Name of Individual or Group (If individual award, complete Items 1 - 11, as appropriate. If group award, complete Items 1 and 5 - 11, as appropriate. For group award, list the name, SSN, and amount recommended for each employee on a separate sheet and attach to this form.)			A. NOAC	
(Last) (First) (MI)			B. Effective Date	
2. Social Security Number	3. Pay Plan/Series/Grade	4. Salary	C. Legal Authority Code	
5. Organization (OPDIV, Office, Division, etc.)			D. Award Amount (Enter amt. from Block 13)	
6. Name and phone number of awards coordinator or individual responsible for distributing the check.			E. Benefit Amount	
			F. Indiv./Group Award Code	

<b>III. TYPE OF AWARD</b>		
7a. Performance Award (Do not attach perf. appraisal) (check one) <input type="checkbox"/> PMRS (GM) <input type="checkbox"/> EPMS (GS/FWS)	b. Based on rating of record of: <input type="checkbox"/> Level 5 (Outstanding) <input type="checkbox"/> Level 4 (Excellent) <input type="checkbox"/> Level 3 (Fully Successful)	c. Rating finalized: <b>MMDDYYYY</b> _____
8. Special Act or Service Award* <input type="checkbox"/> (Period covered:) MMDDYYYY   MMDDYYYY _____   _____	9. Suggestion Award* <input type="checkbox"/> Suggestion number: _____	10. Invention Award* <input type="checkbox"/> _____ Patent number _____ Date application filed _____ Date patent issued

Benefits (Complete for special act or service, suggestion, or invention, as appropriate):

- a. Benefit amount (tangible savings): \$ \_\_\_\_\_
- b. Intangible savings--check appropriate box in (1) and (2):
- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| (1) Value of Contribution:           | (2) Extent of Application:        |
| <input type="checkbox"/> Moderate    | <input type="checkbox"/> Limited  |
| <input type="checkbox"/> Substantial | <input type="checkbox"/> Extended |
| <input type="checkbox"/> High        | <input type="checkbox"/> Broad    |
| <input type="checkbox"/> Exceptional | <input type="checkbox"/> General  |

\*(See HHS Instruction 451-1, Incentive Awards, for required documentation to attach to this form)

<b>IV. AWARD RECOMMENDATION AND APPROVAL</b>				
ACTION	NAME/TITLE	SIGNATURE	DATE	AMOUNT
11. Initiating Official				
12. Concurring Officials				
13. Approving Official				
14. Signature of Fiscal Officer Obligating Funds		15. Appropriation/CAN Nos.		Date
16. Signature of Reviewing Personnel Office Official				