

**INCENTIVE AWARD NOMINATION AND APPROVAL**

For use of this form, see AR 672-20; the proponent agency is Office of the Deputy Chief of Staff for Personnel

**PART 1 - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE'S LAST NAME - FIRST NAME - MI	2. ORGANIZATION (No abbreviations)
3. PRESENT POSITION, TITLE, GRADE AND SALARY	4. POSITION HELD DURING PERIOD COVERED IN NOMINATION (If other than that shown in item 3)

**5. TYPE OF AWARD RECOMMENDED**

ALL NOMINATIONS WILL BE JUSTIFIED AND INCLUDE THE DOCUMENTATION REQUIRED BY DA PAM 672-20.

a.	HONORARY		b.	MONETARY	
<input type="checkbox"/>	DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE	<input type="checkbox"/>	COMMANDER'S AWARD FOR CIVILIAN SERVICE	<input type="checkbox"/>	QUALITY STEP INCREASE
<input type="checkbox"/>	MERITORIOUS CIVILIAN SERVICE AWARD	<input type="checkbox"/>	ACHIEVEMENT MEDAL FOR CIVILIAN SERVICE	<input type="checkbox"/>	PERFORMANCE AWARD \$
<input type="checkbox"/>	SUPERIOR CIVILIAN SERVICE AWARD	<input type="checkbox"/>	CERTIFICATE OF ACHIEVEMENT	<input type="checkbox"/>	SPECIAL ACT/SERVICE AWARD \$
<input type="checkbox"/>	OTHER (Specify)			<input type="checkbox"/>	ON-THE-SPOT CASH AWARD \$
c. PERIOD OF SERVICE TO BE RECOGNIZED ( MO/YR - MO/YR)				<input type="checkbox"/>	TIME OFF AWARD

**6. NOMINATING OFFICIAL**

a.	TYPED NAME AND TITLE	b.	SIGNATURE	c.	TELEPHONE NUMBER	d.	DATE
				AREA CODE ( )			

**PART II - TO BE COMPLETED ONLY FOR AWARDS FORWARDED TO HQDA (DAPE-CPL)**

7. INDICATE IF NOMINATION IS CONSISTENT WITH PARAGRAPH 2-2 IN AR 672-20 (Circle yes or no - If no, please explain on separate page)

YES	a. TYPED NAME EQUAL EMPLOYMENT OPPORTUNITY OFFICER	b. SIGNATURE	c. DATE
NO			
YES	d. TYPED NAME CIVILIAN PERSONNEL OFFICER	e. SIGNATURE	f. DATE
NO			

**PART III - TO BE COMPLETED BY LOCAL INCENTIVE AWARDS COMMITTEE - RECOMMEND**

8.	APPROVAL <input type="checkbox"/>	DISAPPROVAL <input type="checkbox"/>	OTHER <input type="checkbox"/>
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**COMPLETE FOR MONETARY AWARDS RECOMMENDED**

AMOUNT RECOMMENDED \$	TANGIBLE MONETARY BENEFITS \$	INTANGIBLE BENEFITS	ESTIMATED FIRST YEAR SAVINGS \$
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**PART IV TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY (IES)**

ACTION LEVEL	APPROVED (If monetary, indicate amount)	DIS-APPROVED	ADDITIONAL CASH AWARD	SIGNATURE, TITLE AND DATE
9. LOCAL COMMITTEE CHAIRPERSON				
10. INSTALLATION COMMANDER OR DESIGNATED REPRESENTATIVE				
11. MAJOR COMMAND REVIEW COMMITTEE				
12. COMMANDER OF MAJOR COMMAND OR DESIGNATED REPRESENTATIVE				
13. DEPARTMENT OF THE ARMY INCENTIVE AWARDS BOARD				