

RECOMMENDATION AND APPROVAL OF AWARDS

This form is used to approve and recommend awards for Department of the Interior Employees
Please fill out the appropriate section.

Employee Information

Bureau/Office _____ Name of Employee _____

Social Security Number **XXX-XX-**____ Position Title _____

Pay Plan/Series/Grade/Step _____ Duty Station _____

Period Covered for Award (MM/DD/YY to MM/DD/YY) _____ to _____

Monetary Award

- ☐ Performance-Based Cash Award
- Outstanding (Level 5) Performance Rating \$ _____ or _____ %
- Exceeds Expectations (Level 4) Performance Rating \$ _____ or _____ %
- Fully Successful (Level 3) Performance Rating \$ _____ or _____ %
- ☐ Quality Step Increase (Level 5 Performance Rating Required)
- ☐ STAR (Special Thanks for Achieving Results) Award \$ _____
- ☐ Productivity Improvement Award \$ _____
- ☐ Historic Preservation Award \$ _____
- ☐ Invention/Patent Award \$ _____

Non-Monetary Award

- ☐ Time-Off Recognition: Performance-Based _____ or Non-Performance Based
- Number of Hours _____
- ☐ Non-Monetary Recognition: Cash Value \$ _____

Honor Awards

- ☐ Aviation Safety Award
- ☐ Citizen's Award for Bravery
- ☐ Citizen's Award for Exceptional Service
- ☐ Departmental Unsung Hero Award
- ☐ Distinguished Service Award
- ☐ Exemplary Act Award
- ☐ Meritorious Service Award
- ☐ Outstanding Service Award (for Political Appointees)
- ☐ Natural Resource Conservation Achievement Award
- ☐ Partners in Conservation Award
- ☐ Safety and Health Award of Excellence
- ☐ Superior Service Award
- ☐ Unit Award for Excellence of Service
- ☐ Valor Award
- ☐ Other Award: _____
- ☐ Bureau Specific Award Name: _____

Recommendation and Approval

Recommending Individual (Signature) _____ Date _____

Name/Title (Print) _____

Reviewing Individual (Signature) _____ Date _____

Name/Title (Print) _____

Approving Individual (Signature) _____ Date _____

Name/Title (Print) _____

Honor Award Review

HR Review of Official Personnel Folder (Signature) _____ Date _____
Finding _____

Bureau Office of Civil Rights (Signature) _____ Date _____
Finding _____

Department Office of Civil Rights (Signature) _____ Date _____
Finding _____

Office of Inspector General (Signature) _____ Date _____
Finding _____

Departmental Ethics Office (Signature) _____ Date _____
Finding _____

Honor Award Approvals

Bureau/Office Director (Signature) _____ Date _____

Assistant Secretary (Signature) _____ Date _____

Award Justification

Financial Information (Monetary Awards)

Org Code _____

Functional Area _____

PE Code _____

WBS (Project Code) _____

Fund Code _____

Financial Action Record (Non-Monetary Awards)

This record is to initiate payment, accounting, and tax transactions for only non-monetary recognition of significant value.

Recipient Name _____

Social Security Number XXX-XX-____

Bureau _____

Sub-Bureau _____

Block _____

Org. Code _____

Cost Account _____

Non-Monetary Recognition of Significant Value:

Date Presented: _____

Cash Value of Award (Hours Code 66A) \$ _____ (Net Amount)

Value Including Taxes (Cash Value divide by .55) (Hours Code 30A) \$ _____ (Gross Amount)

Disposition of this form: Original copy of this form is sent to the servicing Human Resources Office, copy to recipient.