

FOR OFFICE USE

STATE USAID

DATE REC'D BY AWARDS OFFICE:

DATE RELEASED TO PERSONNEL RECORDS:



STATE – USAID

Nomination for Award

NAME OF NOMINEE (*Last, First, Middle*)

SOCIAL SECURITY NO.

ORG. SYMBOL OR POST

PRESENT POSITION TITLE AND GRADE

Position held during period covered by nomination, if different than present

REASON FOR AWARD

- PERFORMANCE CUSTOMER SERVICE TEAMWORK OTHER:
 SPECIAL ACT INNOVATION CRISIS MANAGEMENT

TYPE AWARD RECOMMENDED

- THE SECRETARY'S AWARD SUPERIOR HONOR AWARD TIME OFF FROM DUTY AWARD
 AWARD FOR HEROISM MERITORIOUS HONOR AWARD CASH
 SECRETARY'S CAREER ACHEIVEMENT AWARD FRANKLIN AWARD OTHER
 DISTINGUISHED HONOR AWARD FOREIGN SERVICE AWARD FOR PUBLIC SERVICE

RECOMMENDED AMOUNT: (Cash/Time Off Hours):

APPROVED AMOUNT:

JUSTIFICATION FOR AWARD (Include a concise citation to be used on the award certificate. Additional sheets may be used)

NOMINATED BY: (*Name, Title, Signature*)

DATE (*mm-dd-yyyy*)

APPROVED BY: (*Supervisor's Name, Title, Signature*) Applicable only if nominated by other than supervisor

DATE (*mm-dd-yyyy*)

PART II - ACTION TAKEN/TIME OFF FROM DUTY AWARD - <i>Optional</i> - For period not to exceed one work day.									
BUREAU/POST APPROVAL (Name, Title, Signature)					Date (MM-DD-YYYY)				
PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE									
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		DATE (mm-dd-yyyy)	REMARKS:						
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF COMMITTEE CHAIRPERSON									
SIGNATURE OF COMMITTEE CHAIRPERSON									
PART IV - ACTION TAKEN BY CHIEF OF MISSION									
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		DATE (mm-dd-yyyy)	REMARKS:						
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF CHIEF OF MISSION									
SIGNATURE OF CHIEF OF MISSION									
PART V - ACTION TAKEN BY AREA AWARDS COMMITTEE									
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		DATE (mm-dd-yyyy)	REMARKS:						
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF COMMITTEE CHAIRPERSON									
SIGNATURE OF COMMITTEE CHAIRPERSON			CERTIFICATION: All Committee members reviewing this nomination have attended Diversity Awareness Training for awards committee members.						
PART VI - ACTION TAKEN BY DEPARTMENT AWARDS COMMITTEE									
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		DATE (mm-dd-yyyy)	REMARKS:						
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME AND TITLE									
SIGNATURE									
PART VII - FISCAL DATA									
BUREAU/POST AWARDS OFFICER (Name, Signature)					DATE (mm-dd-yyyy)				
ACCOUNTING CLASSIFICATION (Completed by Bureau/Post Budget Officer)					FOR GIFT CHEQUE USE ONLY				
Agency	Appropriation	Allotment	Obligation No.	Org. Code	Function	Object	Award Amount	Obligation	Net
PART VIII - PAYROLL OFFICE INFORMATION - For Gift Cheque Use Only									
BUREAU/POST AWARDS OFFICER (Name, Signature)								DATE (mm-dd-yyyy)	
PAYROLL INFORMATION (Completed by FMP)									
Gross Amount	Federal Tax Withheld	State Tax Withheld	OASDI Tax Withheld	FHI Tax Withheld	Net Amount				