

UNITED STATES DEPARTMENT OF THE INTERIOR RECOMMENDATION AND APPROVAL OF AWARDS

| | | |
|---------------------|---|----------------------------|
| AGENCY/BUREAU | NAME OF EMPLOYEE (Last, first, middle initial) | |
| SOCIAL SECURITY NO. | POSITION TITLE | PAY PLAN-SERIES/GRADE/STEP |
| DUTY STATION | PERIOD COVERED FOR AWARD (MMDDYY) FROM TO | COST ACCOUNT NUMBER |

COMPLETE THE APPROPRIATE AWARD SECTION BELOW

MONETARY AWARD:

_____ PERFORMANCE-BASED CASH AWARD

_____ Exceptional (Level 5) Performance Rating

_____ Superior (Level 4) Performance Rating

_____ QUALITY STEP INCREASE

(Employee must have received an Exceptional Level 5 Performance Rating)

_____ STAR AWARD

_____ PRODUCTIVITY IMPROVEMENT AWARD

_____ INVENTION/PATENT AWARD

NON-MONETARY AWARD:

_____ TIME-OFF RECOGNITION

Number of Hours _____

_____ NON-MONETARY RECOGNITION

Cash Value of \$ _____

HONOR AWARD:

_____ DISTINGUISHED SERVICE AWARD

_____ CONSERVATION SERVICE AWARD

_____ MERITORIOUS SERVICE AWARD

_____ OUTSTANDING SERVICE AWARD

_____ UNIT AWARD FOR EXCELLENCE OF SERVICE

_____ SUPERIOR SERVICE AWARD

_____ CITIZEN'S AWARD FOR EXCEPTIONAL SERVICE AWARD

_____ VALOR AWARD

_____ CITIZEN'S AWARD FOR BRAVERY

_____ EXEMPLARY ACT AWARD

BUREAU-SPECIFIC AWARD:

Name of Award: _____

RECOMMENDATION AND APPROVAL

| | | | |
|--|------|--------------------------------|------|
| RECOMMENDING INDIVIDUAL (Signature) | DATE | REVIEWING OFFICIAL (Signature) | DATE |
| TITLE: | | TITLE: | |
| APPROVING OFFICIAL (Signature & Title) | | | DATE |

INSTRUCTIONS

For a Quality Step Increase, an employee must have received a performance rating of Level 5, and the employee's exceptional performance is expected to continue in the future. Attach a copy of the employee's performance rating of record on which the QSI is based, and a justification providing brief examples of how expectations were exceeded for each element. For a pay-based cash award, a level 4 or 5 is required. Attach a copy of the performance rating supporting the award.

For a STAR award, non-monetary recognition of significant value, time-off award, and Productivity Improvement Award, provide a brief summary of the accomplishments/contributions being recognized by this award in the space below.

For a group award, attach a list of names of group members. If group members are to receive different award amounts, describe the individual group member's specific contribution(s).

For an Invention/Patent Award, attach a description of the contribution or patent being recognized and the resulting benefits to the Government.

For a non-monetary award of significant value, provide a brief description of the contribution(s) if the award is of significant value.

For an honor award, attach a citation.

FINANCIAL INFORMATION

Monetary Award:

Amount of Cash Award \$ _____

Pay Period to be processed by payroll _____

Non-monetary Award of Significant Value:

Cash Value of Award \$ _____ Gross Amount

PROCESSING INSTRUCTIONS

Submit this form with required attachments to the employee's servicing Human Resources Office, and provide a copy to the award recipient.