

U.S. Department of Agriculture
**RECOMMENDATION AND AUTHORIZATION
 OF MONETARY AND TIME OFF AWARDS**

CASE NO. *optional; for agency use*

INDIVIDUAL AWARD INFORMATION

1. <input type="checkbox"/> INDIVIDUAL AWARD	2. NAME (<i>Last, First, MI</i>)		3. TITLE	
4. SSN (LAST 4)	5. PAY PLAN, SERIES, GRADE	6. AGENCY, DIVISION	7. DUTY STATION-CITY	8. STATE

RECENT AWARDS

9. ACHIEVEMENT AWARDS THE EMPLOYEE RECEIVED IN THE LAST 52 WEEKS

MONETARY AMOUNT	TIME OFF AWARD (TOA) AMOUNT	PERIOD COVERED BY THE ACHIEVEMENT	EFFECTIVE DATE

AWARD

10. SELECT ONE:

- ACHIEVEMENT AWARD. PERIOD COVERED _____ TO _____
- SUGGESTION/INVENTION AWARD. PERIOD COVERED _____ TO _____

GROUP AWARD INFORMATION

11. GROUP AWARD

ATTACH A SEPARATE PAGE THAT LISTS THE FOLLOWING INFORMATION FOR EACH EMPLOYEE IN THE GROUP:

- | | |
|------------------------------------|--|
| 1. NAME (<i>Last, First, MI</i>) | 6. DUTY STATION (city and state) |
| 2. LAST 4 OF SSN | 7. AMOUNT OF MONETARY AND/OR TIME OFF AWARD PROPOSED FOR EACH EMPLOYEE |
| 3. AGENCY, DIVISION | 8. MONETARY AND/OR TIME OFF AWARDS RECEIVED IN THE LAST 52 WEEKS FOR EACH EMPLOYEE |
| 4. TITLE | 9. VERIFICATION THAT THE EMPLOYEE HAS A CURRENT RATING OF FULLY SUCCESSFUL |
| 5. PAY PLAN, SERIES, GRADE | 10. FOR A TOA, THAT THE EMPLOYEE HAS NOT BEEN PLACED ON LEAVE RESTRICTION IN THE LAST 52 WEEKS |

JUSTIFICATION

12. DESCRIBE THE CONTEXT FOR THE ACHIEVEMENT, SUGGESTION, OR INVENTION AND WHAT THE EMPLOYEE OR GROUP ACCOMPLISHED.

13. DESCRIBE HOW THE ACHIEVEMENT, SUGGESTION, OR INVENTION EXCEEDED THE NORMAL EXPECTATIONS OF THE POSITION.

14. DESCRIBE THE RESULT OR OUTCOME OF THE ACHIEVEMENT, SUGGESTION, OR INVENTION.

CALCULATION OF AWARD AMOUNT

15. SELECT ONE, AND USE DR 4040-430 APPENDIX E TO CALCULATE THE FOLLOWING:

MEASURABLE BENEFITS SCALE

- 1) QUANTIFIABLE BENEFITS IN THE FIRST 52 WEEKS OF THE ACHIEVEMENT, SUGGESTION, OR INVENTION: \$
2) RESULTING AWARD BASED ON TABLE 1: \$

NON-MEASURABLE BENEFITS SCALE

TYPE OF CONTRIBUTION (check one)

- LIMITED
 MODERATE
 SIGNIFICANT
 SUBSTANTIAL

SCOPE (check one)

- LEVEL 1 LEVEL 4
 LEVEL 2 LEVEL 5
 LEVEL 3 LEVEL 6

16. SELECT ONE OF THE FOLLOWING AND INDICATE AWARD AMOUNT, CONSISTENT WITH THE PERMISSABLE AMOUNTS IN DR 4040-430 APPENDIX E:

(If the award is a combination monetary and time off award, use block 13 to describe how the value of the combined amount is consistent with the permissible monetary amount in table 2.)

- MONETARY ONLY \$
 TIME OFF ONLY HOURS
 COMBINATION MONETARY \$ AND TIME OFF HOURS

17. SELECT ONE:

- EMPLOYEE HAS NOT BEEN RECOGNIZED FOR THIS ACHIEVEMENT, SUGGESTION, OR INVENTION WITH A PRIOR AWARD. THE AWARD CALCULATED IN BLOCK 13 IS THE FINAL AMOUNT.
 EMPLOYEE HAS BEEN RECOGNIZED FOR THIS ACHIEVEMENT, SUGGESTION, OR INVENTION WITH A PRIOR AWARD IN THE AMOUNT OF \$ AND/ OR HOURS. WHEN THAT AMOUNT IS SUBTRACTED FROM THE AWARD AMOUNT CALCULATION IN BLOCK 14, THE AMOUNT OF THIS AWARD IS \$ AND/OR HOURS.

CERTIFICATION OF JUSTIFICATION

18. I CERTIFY THE JUSTIFICATION AND BENEFITS DESCRIBED ACCURATELY REPRESENT THE ACHIEVEMENT, SUGGESTION, OR INVENTION, THE EMPLOYEE HAS A CURRENT RATING OF FULLY SUCCESSFUL, AND IF A TOA, THE EMPLOYEE HAS NOT BEEN ON LEAVE RESTRICTION IN THE PRIOR 52 WEEKS.

NAME	SIGNATURE
TITLE	DATE

REFERRAL BONUS

19. SELECT ONE:

- MONETARY ONLY *(not to exceed \$1,000) \$*
 TIME OFF ONLY HOURS *(not to exceed 20 hours)*
 COMBINATION MONETARY \$ AND TIME OFF HOURS *(not to exceed \$500 and 10 hours)*

20. REFERRED EMPLOYEE INFORMATION

NAME	AGENCY, DIVISION
DUTY STATION – CITY	STATE

21. CERTIFICATION OF HUMAN RESOURCES OFFICIAL WHO STAFFED THE POSITION

AS DESCRIBED IN DR 4040-430, SECTION 6c(11)(d):

- 1) THE EMPLOYEE IS ELIGIBLE TO RECEIVE THE REFERRAL BONUS
- 2) THERE WAS DIFFICULTY IN RECRUITING HIGH QUALITY CANDIDATES
- 3) THE REFERRED EMPLOYEE HAS COMPLETED 1 YEAR OF SERVICE, AND HAS A CURRENT RATING OF RECORD OF FULLY SUCCESSFUL

NAME	SIGNATURE
TITLE	DATE

ACCOUNTING CODE

22. REQUIRED FOR MONETARY AWARDS:

AWARD AUTHORIZATION

23. NOMINATING INDIVIDUAL *(optional)*

NAME	SIGNATURE
TITLE	DATE

24. RECOMMENDING OFFICIAL *(1st or 2nd level supervisor of record)*

NAME	SIGNATURE
TITLE	DATE

25. CERTIFYING OFFICIAL *(optional; for agency use)*

NAME	SIGNATURE
TITLE	DATE

26. AUTHORIZING OFFICIAL *(DR 4040-430, Appendix D)*

NAME	SIGNATURE
TITLE	DATE

APPROVAL - HUMAN RESOURCES USE ONLY

27. AGENCY CODE/POI	28. EFFECTIVE DATE	29. DATE PROCESSED
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30. CERTIFY THE PROPOSED ACTION IS IN COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS.

NAME	SIGNATURE
TITLE	DATE