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

BLOCK				
Case No.	This is an optional block for agency use only. REE REQUIREMENT: Case numbers are required for all REE awards.			
1	Check this box if this is an individual award.			
2	Enter employee's full legal name.			
3	Enter employee's current position title.			
4	Enter last four digits of the employee's social security number.			
5	Enter employee's pay plan, series and grade.			
6	Enter employee's agency (e.g., AMS) and division (e.g., HRMD).			
7	Enter the employee's duty station city.			
8	Enter the employee's duty station state.			
9	Enter the information for each monetary and/or time off award the			
10	If this is an Achievement, Suggestion, or Invention Award, indicate	-		
11		information on an attached document. REE REQUIREMENT: A separate		
	AD-287-2 is required for all group members. <u>Do not</u> attach a sepa The amount to each employee must be commensurate with their p contribution for each employee must be clearly described in the do	ersonal contribution. If the amounts differ within the group, the scope and type of		
12	If this is an Achievement, Suggestion, or Invention Award, describe			
12	1) The context, including any organizational and/or external challer			
	2) What the employee(s) actually did that led to the accomplishme			
13		e how the achievement exceeded the normal expectations of the position. For		
	1) Did it demonstrate unusual creativity?			
	2) Was it unrelated to the employee(s)' assigned functions?			
	3) Was it accomplished significantly ahead of schedule, while mair	taining quality?		
14	If this is an Achievement, Suggestion, or Invention Award, describe	e the result or the outcome. For example, did it:		
	1) Improve quality?	5) Improve the customer's experience?		
	2) Get the project done early?	6) Save the Government time and/or money?		
	3) Increase productivity?	7) Increase program effectiveness?		
	4) Overcome obstacles or unusual circumstances?	8) Lead to a technological advancement?		
15	If this is an Achievement, Suggestion, or Invention Award, indicate Measurable Benefits Scale in DR 4040-430 Appendix E, and comp	whether the award amount was determined using the Measurable or Non- lete the information under the respective scale.		
	If using the Non-Measurable Benefits Scale, the Type of Contributi and supported in one or more blocks of the justification.	on and Scope, as defined in DR 4040-430 Appendix E, must be clearly identified		
16	Select whether this is a monetary, time off or combined award, and	indicate award amount. REE REQUIREMENT: If awarding monetary and time-off,		
		<u>ot</u> select <i>Combination</i> . Each award type must be separate with a separate case #.		
	achievement, the calculation must be for the combined amount. The	ed with a monetary and/or time off award covering the same time period of ne amount of the previous award will be subtracted from the total amount in block 17.		
17	Indicate whether this Achievement, Suggestion, or Invention has a			
10	The justification must support the combined award amount, as determined by DR 4040-430 Appendix E, and then the amount of the prior award must be subtracted to reach the amount of the current proposed award.			
18	The supervisor or manager who oversaw the achievement, or who supervised the employee making the suggestion or developing the Invention, must certify that the justification is an accurate description.			
19	If this is a Referral Bonus, indicate the amount of the bonus.			
20	If this is a Referral Bonus, enter the name, agency and duty station of the employee who was referred.			
21	The Human Resources Official who handled the staffing action when the referred employee was hired must complete this block.			
22	If this is a monetary award or bonus, enter the appropriate accounting code.			
23	This is an optional block. If someone other than the 1st or 2nd level supervisor (e.g., a peer nomination) is nominating the employee for the award, they should sign here, and include their name and title.			
24	The 1st or 2nd level supervisor of record must sign here, and include their name and title.			
	employee may be detailed).	porary) of the employee's permanent position (i.e., not a position to which the		
25	The Certifying Official is an optional agency use block. Examples of Certifying Officials are an Administrative Officer or Budget Specialist. REE REQUIREMENT: Awards requiring Subcabinet (REE) or Secretary (USDA) authorization must certify section 25. ARS awards require signature from an Area/Staff Office Director in section 25. ERS , NASS & NIFA awards require signature from the Administrator/Director's office in section 25.			
26		or agency policy if the authority to authorize an award is not delegated to the		
	lowest organizational level permitted in the Appendix.			

27-30 The servicing Human Resources Office will complete this section.

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

INDIVIDUAL AWARD INFORMATION				
1. 🔲 INDIVIDUAL AWARD	AL AWARD 2. NAME (Last, First, MI)		3. TITLE	
4. SSN (LAST 4)	5. PAY PLAN, SERIES, GRADE	6. AGENCY, DIVISION	7. DUTY STATION-CITY	8. STATE
RECENT AWARDS				

CASE NO. optional; for agency use

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: TO Image: Construction of the second consecond construction of the second construction					
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>) 2. LAST 4 OF SSN 7. AMOUNT OF MONETARY AND/OR TIME OFF AWARD PROPOSED FOR EACH EMPLOYEE					

2. LAST 4 OF SSN	7. AMOUNT OF MONETARY AND/OR TIME OFF AWARD PROPOSED FOR EACH EMPLOYEE
2.2.101.101.0011	
3. AGENCY, DIVISION	8. MONETARY AND/OR TIME OFF AWARDS RECEIVED IN THE LAST 52 WEEKS FOR EACH EMPLOYE

4. TITLE 5. PAY PLAN, SERIES, GRADE 8. MONETARY AND/OR TIME OFF AWARDS RECEIVED IN THE LAST 52 WEEKS FOR EACH EMPLOYEE 9. VERIFICATION THAT THE EMPLOYEE HAS A CURRENT RATING OF FULLY SUCCESSFUL 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 CALCUL	ATE THE FOLLOWING:
 MEASURABLE BENEFITS SCALE 1) QUANTIFIABLE BENEFITS IN THE FIRST 52 WEEKS OF TH 2) RESULTING AWARD BASED ON TABLE 1: \$ 	HE ACHIEVEMENT, SUGGESTION, OR INVENTION: \$
C LIMITED C MODERATE C	DPE (check one) LEVEL 1 TO LEVEL 4 LEVEL 2 TO LEVEL 5 LEVEL 3 TO LEVEL 6
	MOUNT, CONSISTENT WITH THE PERMISSABLE AMOUNTS IN DR 4040-430 APPENDIX E: scribe how the value of the combined amount is consistent with the permissible monetary amount in table 2.) DURS
IN BLOCK 13 IS THE FINAL AMOUNT.	IIEVEMENT, SUGGESTION, OR INVENTION WITH A PRIOR AWARD. THE AWARD CALCULATED MENT, SUGGESTION, OR INVENTION WITH A PRIOR AWARD IN THE AMOUNT OF MOUNT IS SUBTRACTED FROM THE AWARD AMOUNT CALCULATION IN BLOCK 14, THE AMOUNT
CERTI	FICATION OF JUSTIFICATION
	ACCURATELY REPRESENT THE ACHIEVEMENT, SUGGESTION, OR INVENTION, THE FUL, AND IF A TOA, THE EMPLOYEE HAS NOT BEEN ON LEAVE RESTRICTION IN THE PRIOR
NAME	SIGNATURE
TITLE	DATE

REFERRAL	BONUS
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19.	SEI	ECT	ONE:
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MONETARY ONLY (not to exceed \$1,000) \$
 TIME OFF ONLY HOURS (not to exceed 20 hours)

20. REFERRED EMPLOYEE INFORMATION				
NAME		AGENCY, DIVISION		
DUTY STATION – CITY		STATE		
21. CERTIFICATION OF HUMAN RESOURCES OFFIC	CIAL WHO STAFFED THE P	POSITION		
AS DESCRIBED IN DR 4040-430, SECTION 6c(11)(d)	:			
1) THE EMPLOYEE IS ELIGIBLE TO RECEIVE TH 2) THERE WAS DIFFICULTY IN RECRUITING HID	HE REFERRAL BONUS			
3) THE REFERRED EMPLOYEE HAS COMPLETE			IG OF RECORD OF FULLY SUCCESSFUL	
NAME		SIGNATURE		
TITLE		DATE		
	ACCOUN	TING CODE		
22. REQUIRED FOR MONETARY AWARDS:	Account			
	AWARD AU	THORIZATION		
23. NOMINATING INDIVIDUAL (optional)				
NAME		SIGNATURE		
TITLE		DATE	DATE	
24. RECOMMENDING OFFICIAL (1st or 2nd level supervi	sor 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)		SIGNATURE		
NAME		SIGNATURE		
TITLE		DATE		
	1	RESOURCES USE ON		
27. AGENCY CODE/POI 28. EFFECTIVE DATE			29. DATE PROCESSED	
30. CERTIFY THE PROPOSED ACTION IS IN COMP	PLIANCE WITH STATUTOR	Y AND REGULATORY REQU	JIREMENTS.	
NAME		SIGNATURE		
TITLE		DATE		