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

| BLOCK | INSTRUCTIONS | | | | |
|----------|--|--|--|--|--|
| Case No. | This is an optional block for agency use only. | | | | |
| 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 | employee has received in the last 52 weeks. | | | |
| 10 | If this is an Achievement, Suggestion, or Invention Award, indicate | which and include the dates covering the contribution. | | | |
| 11 | Check this box if this is a group award. and provide the employee i | nformation on an attached document. | | | |
| | The amount to each employee must be commensurate with their personal contribution. If the amounts differ within the group, the scope and type contribution for each employee must be clearly described in the document. | | | | |
| 12 | If this is an Achievement, Suggestion, or Invention Award, describe | <u>:</u> | | | |
| | 1) The context, including any organizational and/or external challer | nges, and | | | |
| | 2) What the employee(s) actually did that led to the accomplishmer | - nt, suggestion, or Invention. | | | |
| 13 | If this is an Achievement, Suggestion, or Invention Award, describe example: | 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 main | 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 Contribution and Scope, as defined in DR 4040-430 Appendix E, must be clearly identified and supported in one or more blocks of the justification. | | | | |
| 16 | Select whether this is a monetary, time off or combined award, and | indicate award amount. | | | |
| | If this award is for an achievement that has already been recognized with a monetary and/or time off award covering the same time period of achievement, the calculation must be for the <i>combined amount</i> . The amount of the previous award will be subtracted from the total amount in block 17. | | | | |
| 17 | Indicate whether this Achievement, Suggestion, or Invention has al | ready been recognized with a previous award. | | | |
| | 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 | de their name and title. | | | |
| | "Supervisor of record" is the supervisor (whether permanent or tem employee may be detailed). | porary) of the employee's permanent position (i.e., not a position to which the | | | |
| 25 | he Certifying Official is an optional agency use block. Examples of Certifying Officials are an Administrative Officer or Budget Specialist. | | | | |
| 26 | The Authorizing Official is determined by DR 4040-430 Appendix D, 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 |
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| RECOMMENDATION AND AUTHORIZATION |
| OF MONETARY AND TIME OFF AWARDS |

| INDIVIDUAL AWARD INFORMATION | | | | |
|------------------------------|---|---------------------|----------------------|----------|
| 1. 🔲 INDIVIDUAL AWARD | IVIDUAL 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 | |
|--|--------------------------------|-----------------------------------|--|----------------|--|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| AWARD | | | | | |
| 10. SELECT ONE: TO C) ACHIEVEMENT AWARD. PERIOD COVERED TO C) 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) | | | | | |

| I. INAIVIE (Last, FIrst, MI) | 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 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 |
|----------|-------|
|----------|-------|

| 19. | SEI | ECT | ONE: |
|-----|-----|-----|------|
|-----|-----|-----|------|

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 | | |
| | | | | |
| 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 | | |
| | IIILE | | | |
| | | | | |
| 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 | | |