

U.S. Department of Agriculture
**RECOMMENDATION AND AUTHORIZATION OF
QUALITY STEP INCREASE (QSI)**

CASE NO.

EMPLOYEE INFORMATION

1. NAME (Last, First, MI)		2. SSN (xxx-xx-)		3. PAY PLAN, SERIES, GRADE, STEP	
4. AGENCY, DIVISION			5. TITLE		
6. DUTY STATION - CITY		STATE	7. DATE OF LAST QSI, IF APPLICABLE		8. DATE OF LAST WITHIN-GRADE INCREASE

RECENT AWARDS

9. ACHIEVEMENT AWARDS RECEIVED IN THE LAST 18 MONTHS

MONETARY AMOUNT	TIME OFF AMOUNT	PERIOD COVERED BY THE ACHIEVEMENT (MM/DD/YYYY-MM/DD/YYYY)		EFFECTIVE DATE

JUSTIFICATION

EACH OF THE JUSTIFICATION BOXES MUST BE COMPLETED

10. DESCRIBE HOW THE EMPLOYEE SIGNIFICANTLY EXCEEDED THE PERFORMANCE EXPECTATIONS OF THEIR POSITION, AS DEFINED IN EACH ELEMENT OF THEIR PERFORMANCE PLAN AT THE FULLY SUCCESSFUL LEVEL, OVER AT LEAST THE LAST 18 MONTHS.

11. DESCRIBE HOW THE EMPLOYEE'S ACCOMPLISHMENTS CONTRIBUTED SUBSTANTIALY TO THE ORGANIZATION'S GOALS.

12. DESCRIBE THE BASIS FOR A REASONABLE CERTAINTY THE LEVEL OF PERFORMANCE WILL CONTINUE TO EXCEED THE NORMAL EXPECTATIONS OF THE POSITION.

13. Each of the following boxes must be checked for the employee to be eligible.

- ☐ The employee is at the full performance level of their position.
- ☐ The employee has performed in the same grade and type of position for the last 18 months.
- ☐ The employee has received a fully successful rating of record for the last three years or two years if new to Federal service.
- ☐ The employee is expected to continue at the same high level of performance.

14. I certify the recommendation accurately represents the employee's achievements and contributions, and that they meet the eligibility criteria.

SUPERVISOR OF RECORD NAME	SIGNATURE
TITLE	DATE

QSI RECOMMENDATION

15. RECOMMENDING OFFICIAL'S NAME <i>(2nd level supervisor of record)</i>	SIGNATURE
TITLE	DATE

PANEL ASSESSMENT16. ☐ Concur with recommendation ☐ Do not concur with recommendation

SIGNATURE

TITLE

DATE

QSI AUTHORIZATION17. CERTIFYING OFFICIAL'S NAME *(optional, agency use)*

SIGNATURE

TITLE

DATE

18. AUTHORIZING OFFICIAL'S NAME *(First SES or higher in the employee's chain of command.)*

SIGNATURE

TITLE

DATE

APPROVAL - HUMAN RESOURCES USE ONLY

19. AGENCY CODE/POI

20. DATE PROCESSED

21. NEW STEP

22. NEW SALARY

23. EFFECTIVE DATE

24. I CERTIFY THE PROPOSED ACTION IS IN COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS.

HUMAN RESOURCES OFFICIAL NAME

SIGNATURE

TITLE

DATE

FORM INSTRUCTIONS		
	Case No.	This is an optional block for agency use only.
1	Name	Enter employee's full legal name.
2	SSN	Enter last four digits of the employee's social security number
3	Agency, Division	Enter employee's agency (e.g., AMS) and division (e.g., Human Resources Management Division)
4	Title	Enter employee's current position title
5	Pay plan, Series, Grade, Step	Enter employee's pay plan, series, grade and step
6	Duty station	Enter the employee's duty station city and state (in the standard two-character abbreviation for the state)
7	Date of last QSI	Enter the effective date of the employee's last QSI, if applicable (MM/DD/YYYY-MM/DD/YYYY)
8	Date of last Within-Grade Increase	Enter the effective date of the employee's last Within-Grade Increase (MM/DD/YYYY-MM/DD/YYYY)
9	Recent awards	Enter the information for each monetary and/or time off award the employee has received in the prior 18 months, ending on the day the QSI nomination is submitted to the 2 nd level supervisor for signature.
10	Justification	Give specific examples of how the employee significantly exceeded each element of their performance plan for at least the prior 18 months.
11	Justification	Identify the goal(s) the employee's position supports and specify how the employee's sustained performance substantially contributed to them.
12	Justification	Describe the basis for a reasonable certainty the level of performance will continue to exceed the normal expectations of the position.
13	Justification	Each box must be checked for the employee to be eligible.
14	Certification by the Supervisor of Record	<p>The supervisor of record must certify that the justification is an accurate description, and that the employee meets the listed eligibility criteria.</p> <p>"Supervisor of record" is the supervisor (whether permanent or temporary) of the position to which the employee is permanently assigned (i.e., not the position to which the employee may be detailed).</p>
15	QSI Recommendation	The 2 nd level supervisor of record must sign here and include their name and title.
16	Panel Assessment	A designated member of the QSI panel (the most senior member, or other designee, at their discretion) must indicate whether the panel recommends the QSI.
17	QSI Authorization-Certifying Official	The Certifying Official is an optional, agency use block. Examples of a Certifying Official are Administrative Officer or Budget Specialist.
18	QSI Authorization-Authorizing Official	The Authorizing Official is no lower than the first SES in the employee's chain of command.
19	QSI Approval (Human Resources Office use only)	The Human Resources Official will enter the Agency Code/POI.
20	QSI Approval (Human Resources Office use only)	The Human Resources Official will enter the date processed.
21	QSI Approval (Human Resources Office use only)	The Human Resources Official will enter the new step.
22	QSI Approval (Human Resources Office use only)	The Human Resources Official will enter the new salary.
23	QSI Approval (Human Resources Office use only)	The Human Resources Official will enter the date the action was processed.
24	QSI Approval (Human Resources Office use only)	The Human Resources Official will sign and date here and include their name and title. The award is now officially approved