

**Clinical Center  
EMPLOYEE RECOGNITION/AWARD NOMINATION AND APPROVAL FORM**

Note: For group awards, attach list of group members, showing name, SSN, and award amount for each employee.

1. Employee Information:

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Name	Title/Series/Grade/Step	HNJ Code	SSN
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2. Period Covered in Nomination (mo/day/yr) From: \_\_\_\_\_ To: \_\_\_\_\_

3. Type of Recognition (check one):

Special Act or Service (complete section below)     
  Staff Recognition Award     
  Time-Off Award (complete section below)

Quality Step Increase (QSI)     
  Invention\*     
  Suggestion (attach a copy of the cost-savings proposal form)

\* Attach a description of the idea or patent notification being recognized and the resulting benefit to the government.

4. Amount & Citation (Recommended amount and reason award is given) (use additional sheet if more space is needed):

\$ \_\_\_\_\_ (recommended amount)

For Special Act or Service Award -

(a) Benefit Amount (tangible savings) \$ \_\_\_\_\_

(b) Intangible Savings (Check appropriate box in 1 and 2 below) (use HHS matrix for awards based on intangible benefits):

(1) Value of Contribution: <input type="checkbox"/> Small/Moderate <input type="checkbox"/> Moderate/Substantial <input type="checkbox"/> Substantial/Extended	(2) Extent of Application: <input type="checkbox"/> Limited <input type="checkbox"/> Broad <input type="checkbox"/> General
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For Time-Off Award -

Hourly Salary: \_\_\_\_\_ Number of Hours Off: \_\_\_\_\_ Equivalent Cost: \_\_\_\_\_

Certification for QSI: I certify by my signature in the Approval Section below that the employee's performance elements and standards for their current position were thoroughly reviewed prior to submission of this nomination, that the employee's performance is at a superior level, is rated at least acceptable and that this level of performance is expected to continue in the future.

Initiating Official's Name/Signature	Endorsing Official's Name/Signature
Date:	Date:

Approving Official's Name/Signature (signature indicates funds approval)

Dept.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount approved \$ \_\_\_\_\_

<u>Financial Management Information</u>	
CAN:	O.C. 11.5S

**After approval, send to Office of Human Resources Management, CC.**

Personnel Office Use Only: NOAC	Effective Date	Legal Authority Code
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