

INCENTIVE AWARDS NOMINATION AND APPROVAL - NONAPPROPRIATED FUNDS

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME *(Last, first, MI)*

2. SOCIAL SECURITY NUMBER

3. WORK CENTER CODE

4. POSITION/GRADE

5. ORGANIZATION

Justification for all Incentive Awards based on performance
will be completed as required on page 2 of this form.

6. TYPE OF AWARD RECOMMENDED

a. HONORARY

b. MONETARY

CERTIFICATE OF ACHIEVEMENT

SUSTAINED SUPERIOR PERFORMANCE
AMOUNT \$

CERTIFICATE OF APPRECIATION

SPECIAL ACT OR SERVICE
AMOUNT \$

OTHER *(Specify)*

PERFORMANCE BASED PAY ADJUSTMENT TO
AMOUNT \$

ON-THE-SPOT AWARD (*)
AMOUNT \$

7. NOMINATING OFFICIAL

a. TYPED NAME AND TITLE

b. TELEPHONE NO.

c. SIGNATURE

d. DATE
(YYYYMMDD)

e. FAX TELEPHONE NO.

f. E-MAIL ADDRESS

(*) For On-The-Spot Award, this document, when signed by the appropriate official, constitutes authority to issue check in amount indicated. Authority AR 215-3, chapter 9.

8. COMPLETE ONLY FOR SUGGESTION AWARDS

TANGIBLE SAVINGS \$_____

☐ APPROVED

INTANGIBLE *(ATTACH STATEMENT)*

☐ DISAPPROVED

9. TYPED NAME AND TITLE OF SUGGESTION AWARDS
CHAIRMAN OR NAF COORDINATOR

10. SIGNATURE

11. DATE
(YYYYMMDD)

12. TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY

☐ APPROVED

☐ DISAPPROVED

AMOUNT OF AWARD \$_____

13. TYPED NAME AND TITLE

14. SIGNATURE

15. DATE
(YYYYMMDD)

16. IDENTIFY THE CRITICAL MAJOR DUTIES AND RESPONSIBILITIES OF THE POSITION

CRITICAL MAJOR DUTIES

PERFORMANCE REQUIREMENTS

PERFORMANCE

17. JUSTIFICATION

18. TYPED NAME OF SUPERVISOR

19. SIGNATURE

20. DATE (YYYYMMDD)