

## INCENTIVE AWARD RECOMMENDATION

**Performance, Special Act or Service, Cash, Time-Off, Quality Step Increase**

For use of this form, see ORNG CER 451

<b>1. NAME (Last, First, MI)</b>	<b>2. EDIPI #</b>	<b>3. POSITION (Title, Grade, Step, Salary)</b>
<b>4. ORGANIZATION/UNIT</b>	<b>5. LOCATION</b>	
<b>6. TYPE OF AWARD</b>  <u><b>Performance Based Award:</b></u>  Cash  Time-Off Award (TOA)  Quality Step Increase (QSI)  <u><b>Special Act or Service Award (SASA):</b></u>  Cash  Time-Off Award (TOA)  <i>Temp/NTE employees are only eligible for SASA.</i>	<b>7.a. AWARD AMOUNT</b>  Cash Amount (\$500 to \$5,000, NTE \$5,000/yr): \$ _____  Time-Off (8-40 hrs; NTE 80 hrs per leave year): _____  <hr/> <b>7.b. AWARD HISTORY</b> <i>Last three awards granted.</i> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Effective Date</span> <span>Award Type</span> </div>	
<b>8. PERIOD OF RECOMMENDATION or DATE OF ACT</b>		<b>9. DATE OF RECOMMENDATION (MM/DD/YY)</b>
<b>10. JUSTIFICATION</b> <i>*Required. Performance appraisals as justification are unacceptable.</i>		
<b>11-12 APPROVALS:</b> <i>*All recommendations must be digitally signed for processing.</i>  <i>For Time-Off Awards (TOA), supervisor signature below certifies they have considered fully the wage costs &amp; productivity loss in granting this TOA. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. Supervisor also considered the unit's workload &amp; unit employee's leave projections &amp; certifies that the employee can schedule the time-off in addition to other scheduled leave. Supervisor also considered other available forms of recognition in determining the amount of this TOA.</i>		
<b>11.a. RATING OFFICIAL (Last, First, MI)</b>	<b>11.b. RATING OFFICIAL SIGNATURE</b>	<b>11.c. DATE (MM/DD/YY)</b>
<b>12.a. HIGHER LEVEL REVIEWER (Last, First, MI)</b>	<b>12.b. HLR SIGNATURE</b>	<b>12.c. DATE (MM/DD/YY)</b>
<b>13.a. DEPUTY HUMAN RESOURCES OFFICER</b>	<b>13.b. DEPUTY HRO SIGNATURE</b>	<b>13.c. DATE (MM/DD/YY)</b>
<b>14.a. TAG/Chief of Staff (Last, First, MI)</b>	<b>14.b. TAG/CoS SIGNATURE</b>	<b>14.c. DATE (MM/DD/YY)</b>