## UNITED STATES CIVIL SERVICE (USCS) AWARD NOMINATION FORM

1. NAME OF EMPLOYEE RECOMMENDED FOR AWARD					
LAST NAME:		FIRST:		MI:	
2 IOD TITLE/SEDIES/CDADE					
<b>2. JOB TITLE/SERIES/GRADE</b> JOB TITLE:			CDADE		
JOB TITLE.		SERIES:	GRADE	:	
2 ODC AND ATION/DEDADTMENT/E	DIDI				
3 ORGANIZATION/DEPARTMENT/E ORGANIZATION/DEPARTMENT:	DIPI		EDIPI:		
ORGANIZATION DEI ARTMENT.			LDII I.		
4. TYPE OF AWARD RECOMMENDE	n				
4. THE OF AWARD RECOMMENDE	שה				
Time Off Award	Hours Recommended	-			
On-the-Spot Award	Amount Recommended \$				
	Amount Recommended \$				
Special Act of Service Award	Amount Recommended 5				
Other Award (Specify)					
4. JUSTIFICATION FOR THE AWAR	<b>D.</b> (Provide information on the	e basis for the award.)			
	(CONTINUE ON REV	ERSE)			
5. RECORD OF NOMINATION/REGU			formation on the bas	is for the award.)	
RECOMMENDING OFFICAL: (Print Name)					
	Signature		D	Date	
CONCURRING OFFICIAL: (Print Name)					
DECLI ATONY OF FARANCE	Signature		D	Date	
REGULATORY CLEARANCE: (Incentive Award Administrator) (Print Name	,				
(meentive Award Administrator) (17mt Name	,				
			_		
* A PDP OVID C CETYCAY	Signature	IED/DIG APPROVED	D	Date	
*APPROVING OFFICAL (COMMANDING OFFICER) (Print Name)	AWARD IS APPROV	VED/DISAPPROVED		**	
(COMINIANDINO OFFICER) (FIIII INAIIIE)			Amount \$	Hours	
	Signature		D	Oate	

Narrative Justification (continue)					