

UNITED STATES CIVIL SERVICE (USCS) AWARD NOMINATION FORM

1. NAME OF EMPLOYEE RECOMMENDED FOR AWARD		
LAST NAME:	FIRST:	MI:
2. JOB TITLE/SERIES/GRADE		
JOB TITLE:	SERIES:	GRADE:
3 ORGANIZATION/DEPARTMENT/EDIPI		
ORGANIZATION/DEPARTMENT:		EDIPI:
4. TYPE OF AWARD RECOMMENDED		
<div style="display: flex; justify-content: space-between;"> <div> <p>____ Time Off Award</p> <p>____ On-the-Spot Award</p> <p>____ Special Act or Service Award</p> <p>____ Other Award (Specify) _____</p> </div> <div> <p>Hours Recommended ____</p> <p>Amount Recommended \$ _____</p> <p>Amount Recommended \$ _____</p> </div> </div>		
4. JUSTIFICATION FOR THE AWARD. (Provide information on the basis for the award.)		
(CONTINUE ON REVERSE)		
5. RECORD OF NOMINATION/REGULATORY CLEARANCE/APPROVALS. (Provide information on the basis for the award.)		
RECOMMENDING OFFICIAL: (Print Name)		
_____	Signature _____ Date _____	
CONCURRING OFFICIAL: (Print Name)		
_____	Signature _____ Date _____	
REGULATORY CLEARANCE: (Incentive Award Administrator) (Print Name)		
_____	Signature _____ Date _____	
*APPROVING OFFICIAL (COMMANDING OFFICER) (Print Name)		
_____	AWARD IS APPROVED/DISAPPROVED <div style="text-align: right;">Amount \$ _____ Hours _____</div>	
	Signature _____ Date _____	

Narrative Justification (continue)