

**INCENTIVE AWARDS
NOMINATION AND APPROVAL - NONAPPROPRIATED FUNDS**

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

1. NAME <i>(Last, first, MI)</i>	
2. WORK CENTER CODE	3. POSITION/GRADE
4. ORGANIZATION	

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

5. TYPE OF AWARD RECOMMENDED	
a. HONORARY	b. MONETARY
<input type="checkbox"/> CERTIFICATE OF ACHIEVEMENT	<input type="checkbox"/> SUSTAINED SUPERIOR PERFORMANCE AMOUNT \$
<input type="checkbox"/> CERTIFICATE OF APPRECIATION	<input type="checkbox"/> SPECIAL ACT OR SERVICE AMOUNT \$
<input type="checkbox"/> OTHER <i>(Specify)</i>	<input type="checkbox"/> PERFORMANCE BASED PAY ADJUSTMENT TO AMOUNT \$
<input type="checkbox"/>	<input type="checkbox"/> ON-THE-SPOT AWARD (*) AMOUNT \$

6. 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.

7. COMPLETE ONLY FOR SUGGESTION AWARDS		
TANGIBLE SAVINGS \$ _____	<input type="checkbox"/> APPROVED	
INTANGIBLE (ATTACH STATEMENT)	<input type="checkbox"/> DISAPPROVED	
8. TYPED NAME AND TITLE OF SUGGESTION AWARDS CHAIRMAN OR NAF COORDINATOR	9. SIGNATURE	10. DATE (YYYYMMDD)

11. TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	AMOUNT OF AWARD \$ _____

12. TYPED NAME AND TITLE	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. IDENTIFY THE CRITICAL MAJOR DUTIES AND RESPONSIBILITIES OF THE POSITION

CRITICAL MAJOR DUTIES	PERFORMANCE REQUIREMENTS	PERFORMANCE

16. JUSTIFICATION

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17. TYPED NAME OF SUPERVISOR	18. SIGNATURE	19. DATE (YYYYMMDD)
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