

☐ INDIVIDUAL☐ GROUP**RECOMMENDATION FOR RECOGNITION**

1. NAME OF EMPLOYEE	2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. APPROPRIATION CODE
	5. PERIOD OF RECOGNITION
<b>6. TYPE AND AMOUNT OF RECOGNITION:</b> (Guidance available on reverse side, see Item 7.)  <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> SPECIAL ACT OR SERVICE AWARD \$ _____</span><span><input type="checkbox"/> SPECIAL OPERATING UNIT AWARD _____</span><span>CASH \$ _____</span></div> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> CASH-IN-A-FLASH (CIAF) ( <input type="checkbox"/> \$50   <input type="checkbox"/> \$100   <input type="checkbox"/> \$150   <input type="checkbox"/> \$200   <input type="checkbox"/> \$250   TOTAL YEAR-TO-DATE _____ )</span><span>(Does not include amount)</span></div> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> \$300   <input type="checkbox"/> \$350   <input type="checkbox"/> \$400   <input type="checkbox"/> \$450   <input type="checkbox"/> \$500 )</span><span></span></div> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> ON-THE-SPOT AWARD (OTS) - ITEM _____</span><span><input type="checkbox"/> TIME OFF AWARD - NUMBER OF HOURS _____</span></div>	
<b>7. ESTIMATED FIRST-YEAR BENEFITS</b> (For Special Act or Service Awards ONLY)  <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> TANGIBLE \$ _____</span><span><input type="checkbox"/> INTANGIBLE BENEFITS (Check one box on each line.)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"><input type="checkbox"/> MODERATE <input type="checkbox"/> LIMITED</div><div style="text-align: center;"><input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> EXTENDED</div><div style="text-align: center;"><input type="checkbox"/> HIGH <input type="checkbox"/> BROAD</div><div style="text-align: center;"><input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> GENERAL</div></div>	
<b>8. NARRATIVE</b> (If you need additional space, attach another sheet. Please print or type.)	
<b>TYPE NAME AND SIGN:</b>	
9. IMMEDIATE SUPERVISOR	DATE
10. REVIEWING OFFICIAL (If required)	DATE
11. APPROVING OFFICIAL (If required)	DATE
12. HUMAN RESOURCES OFFICE REPRESENTATIVE (If required)	DATE
13. IMPREST FUND CASHIER ( <i>Cash-in-a-Flash Award</i> ONLY)	DATE
14. EMPLOYEE/RECEIPT OF CASH ( <i>Cash-in-a-Flash Award</i> ONLY)	DATE

Provide a copy as follows:

Servicing Human Resources Office & Originating Office - **ALL AWARDS**  
Finance Office - **CASH-IN-A-FLASH & ON-THE-SPOT AWARDS**Imprest Fund Cashier - **CASH-IN-A-FLASH AWARD**  
Inventory Control - **ON-THE-SPOT AWARD**

# INSTRUCTIONS AND DEFINITIONS

- Name of Employee(s)** - If it is a group award, put "See Attached List" in **this** Block (and **Blocks 2, 3, and 4**) and in the cash award amount part of **Block 6** and attach a separate sheet of paper with the information from **Blocks 2, 3, 4, and 6** for each nominee.
- Period of Recognition** - (*Does not apply to On-the-Spot Awards*). The period of time in which the contribution was made. For Cash-in-a-Flash Awards, this may be as little as one hour or one day.
- Type and Amount of Recognition** - Use this form **ONLY** for the types of awards indicated.
- Estimated First-Year Benefits** - (*For Special Act or Service Awards ONLY*). To calculate the estimated first-year benefits, you may use the scales listed below.

## SCALE FOR COMPUTING AWARDS FOR TANGIBLE BENEFITS

If the amount of the benefit is	then the amount of the award is
less than \$250	no cash award.
\$250 - \$10,000	10% of benefits.
\$10,001 - \$100,000	\$1,000 plus 3% to 10% of benefits over \$10,000.
\$100,000 or more	\$3,700 to \$10,000 for the first \$100,000 plus 0.5% to 1% of benefits over \$100,000.

- Notes:**
- Round off the amount of awards and benefits to the nearest \$1.
  - Awards are based on estimated first-year benefits.
  - Presidential approval is required for awards more than \$25,000.

## SCALE FOR COMPUTING AWARDS FOR INTANGIBLE BENEFITS

### STEP 1 If the contribution affects functions, mission, or personnel of

<b>Limited</b>	One office or facility.
<b>Extended</b>	Several offices, facilities, locations, or an Area Service Center (ASC).
<b>Broad</b>	All ASCs or an operating unit of the Department.
<b>General</b>	Several operating units, The Department, or in the public interest of the nation.

### AND

### STEP 2 The Benefit is

<b>Moderate</b>	A change which has rather limited impact.
<b>Substantial</b>	Significant change in a policy, procedure, or service.
<b>High</b>	Complete revision of a policy, procedure, or service.
<b>Exceptional</b>	Initiation of a new policy or major procedure, or service.

### THEN

### STEP 3 The Award amount is

	Limited	Extended	Broad	General
<b>Moderate</b>	\$25 - \$125	\$125 - \$325	\$325 - \$650	\$650 - \$1,300
<b>Substantial</b>	\$125 - \$325	\$325 - \$650	\$650 - \$1,300	\$1,300 - \$3,150
<b>High</b>	\$325 - \$650	\$650 - \$1,300	\$1,300 - \$3,150	\$3,150 - \$6,300
<b>Exceptional</b>	\$650 - \$1,300	\$1,300 - \$3,150	\$3,150 - \$6,300	\$6,300 - \$10,000

**NOTES:** An award from \$10,001 to \$25,000 may be granted only with approval of OPM. An award above \$25,000 may be granted only with approval of the President.

- Narrative** - The narrative must be brief and to the point. Describe in concise, non-bureaucratic language what the employee did to deserve this award. The narrative must address the specific award criteria. Cite specific examples to clearly support the nomination.
- Imprest Fund Cashier** - (*For Cash-in-a-Flash Awards ONLY*). The imprest fund cashier must sign documenting the disbursement of the cash payment.
- Employee/Receipt of Cash** - (*For Cash-in-a-Flash Awards ONLY*). The awardee must sign this form after he or she has been presented the cash payment. The date the employee receives the cash payment is the EFFECTIVE DATE.

