

| RECOMMENDATION FOR INCENTIVE AWARD OF QUALITY SALARY INCREASE (The proponent is NGB-HR) | | | | | DATE | |
|---|---|---|---|------------|---------------------|------|
| I. (TO BE COMPLETED BY OPERATING OFFICE) | | | | | | |
| 1. TYPE OF RECOGNITION RECOMMENDED | | | | | | |
| 2. BASIS FOR RECOMMENDATION <i>(See reverse under 'Evidence of Superior or Outstanding Achievement')</i> | | | | | | |
| <input type="checkbox"/> SUPERIOR PERFORMANCE | PERIOD | <input type="checkbox"/> SPECIAL ACT OR SERVICE | DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE | | | |
| 3. LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Mr. Mrs. Miss)</i> | | | 4. PRESENT POSITION TITLE, GRADE, STEP AND SALARY | | | |
| 5. COMMAND, INSTALLATION AND LOCATION | | | 6. ORGANIZATION | | | |
| 7. POSITION TITLE, GRADE AND SALARY DURING PERIOD OF RECOMMENDATION <i>(If other than item 4)</i> | | | 8. HOME ADDRESS <i>(Include Zip Code)</i> | | | |
| 9. SIGNATURE AND TITLE OF IMMEDIATE SUPERVISOR <i>(Tel. ext)</i> | | | 10. SIGNATURE AND TITLE OF APPROVING OPERATING OFFICIAL | | | |
| II. (TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE) | | | | | | |
| TYPE AND DATE OF INCENTIVE AWARDS(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED <i>(except length of service)</i> | | | | | | |
| III. (TO BE COMPLETED BY LOCAL AWARDS COMMITTEE) | | | | | | |
| 11. RECOMMEND APPROVAL OF FOLLOWING AWARDS | <input type="checkbox"/> CASH | TOTAL AMOUNT | INITIAL | ADDITIONAL | | |
| OTHER | | | | | | |
| <input type="checkbox"/> INTANGIBLE BENEFITS | <input type="checkbox"/> TANGIBLE SAVINGS | ESTIMATED FIRST YEAR SAVINGS | | | | |
| 12. <input type="checkbox"/> DISAPPROVED ¹ | SIGNATURE AND TITLE | | | | DATE | |
| IV. (TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY) | | | | | | |
| APPROVING AUTHORITY | ACTION | | ADDITIONAL CASH AWARD | | SIGNATURE AND TITLE | DATE |
| | APPR | DISAP ¹ | APPROVED | RECOMMEND | | |
| LOCAL COMMANDER | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| STATE AWARDS COMMITTEE | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| ADJUTANT GENERAL | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| NGB INCENTIVE AWARDS BOARD | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (NOTICE TO EMPLOYEE) | | | | | | |
| UPON ACCEPTANCE OF CASH AWARDS, THE USE OF THIS CONTRIBUTION BY THE UNITED STATES SHALL NOT FORM THE BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY YOU, YOUR HEIRS OR ASSIGNS. | | | | | | |
| ¹ Attach explanation | | | | | | |

EVIDENCE OF SUPERIOR OR OUTSTANDING ACHIEVEMENT

1. Attach statement of major duties performed and one copy of Position Description for position on which recommendation is based
2. Attach detailed and specific statements of fact to the recommendation. This must be a factual presentation of the nature and merit of employee's actual performance and an indication of how it exceeds normal performance requirements of the employee position. Indicate benefits resulting from the performance and the significance of special act or service rendered. Where achievement resulted in tangible benefits in operations, give detailed computation and analysis of such benefits.
3. If tangible benefits were not applicable, give the type and relative importance of intangible benefits. Explain also, significance of accomplishment to the command.
4. Attach a draft of the proposed citation, written in the third person, and not exceeding 70 words if an honorary award is recommended. Use 8 X 10 1/2 inch sheets of paper.