

NOMINATION/APPROVAL FOR MONETARY OR TIME-OFF AWARDS							
INDICATE TYPE OF AWARD RECOMMENDED	<input type="checkbox"/> SPECIAL ACT/SERVICE	<input type="checkbox"/> Time Off		<input type="checkbox"/>	QUALITY STEP INCREASE		
	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> GROUP	<input type="checkbox"/> ON-THE-SPOT				
SECTION I (TO BE COMPLETED BY RECOMMENDING SUPERVISOR)							
FROM (ORIGINATOR)			NAME			SSN	
ORGANIZATION/DEPARTMENT	POSITION TITLE		SERIES		GRADE/STEP		
PERIOD OF SERVICE FOR WHICH RECOMMENDATION IS BASED FROM:	POSITION HELD DURING PERIOD COVERED IF DIFFERENT FROM CURRENT POSITION						
		POSITION TITLE		SERIES		GRADE	
TO:	IF NOMINATION IS FOR A GROUP ATTACH A SEPARATE SHEET IDENTIFYING <u>NAME</u> , <u>TITLE</u> , <u>SERIES</u> , AND <u>GRADE</u>						
DESCRIPTION OF ACT OR SERVICE (IF ADDITIONAL SPACE IS REQUIRED USE ADDITIONAL PAGES)							
SECTION II							
ESTIMATE OF BENEFITS (CHECK APPROPRIATE BLOCK)							
INTANGIBLE BENEFITS (CHECK BLOCK BELOW TO IDENTIFY VALUE, EXTENT OF BENEFIT)							
TYPE		VALUE			EXTENT OF APPLICATION		
<input type="checkbox"/> SAFETY		<input type="checkbox"/> MODERATE			<input type="checkbox"/> LIMITED		
<input type="checkbox"/> IMPROVED METHOD		<input type="checkbox"/> SUBSTANTIAL			<input type="checkbox"/> EXTENDED		
<input type="checkbox"/> MORALE		<input type="checkbox"/> HIGH			<input type="checkbox"/> BROAD		
<input type="checkbox"/> OTHER		<input type="checkbox"/> EXCEPTIONAL			<input type="checkbox"/> GENERAL		
TANGIBLE BENEFITS (IN TABLE BELOW COMPUTE LABOR SAVINGS AT ACTUAL COST)							
	LABOR			MATERIAL			
	MAN HOURS PER	DOLLARS PER	TOTAL	UNITS PER	COST PER	TOTAL	TOTAL (LABOR AND MATERIAL)
FORMER METHOD							
NEW METHOD							
SAVINGS							
RECOMMENDED AMOUNT OF MONETARY AWARD							
RECOMMENDING SUPERVISOR (ACOS for Awards up to \$250 or 8 hours Time-Off)				SECTION III SIGNATURE/DATE			
NAME		ORGANIZATION		POSITION			
SECOND LEVEL SUPERVISOR OR ACOS/SA: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (IF DISAPPROVAL RECOMMEND PROVIDE RATIONAL ON SEPARATE SHEET OF PAPER)				SIGNATURE/DATE			

NOMINATION/APPROVAL FOR MONETARY OR TIME-OFF AWARDS		
(Each item of section III must be completed in the order provided below)		
SECTION III A AWARD APPROVAL/DISAPPROVAL		
DEPARTMENT HEAD/SPECIAL ASSISTANT		
PROVIDE EVALUATION AND RECOMMENDATION		
SIGNATURE		DATE
SECTION III B COMPTROLLER (N/A for Time-Off Awards)		
<input type="checkbox"/> FUNDS AVAILABLE	<input type="checkbox"/> FUNDS NOT AVAILABLE	AMOUNT
SIGNATURE		DATE
APPROVING OFFICIAL (COS or Commodore for Awards exceeding \$250 or 8 hours Time-Off)		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
REMARKS		
SIGNATURE		DATE
INCENTIVE AWARDS PROGRAM ADMINISTRATOR, HUMAN RESOURCES		
RPA NUMBER:		DATE FORWARDED TO HRSC:

Forward to Civilian Personnel Department after approval.
The Incentive Awards Program Administrator will maintain all records on Incentive Awards recommendations.
Form may be reproduced within department

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