

USCS AWARD NOMINATION FORM

NAME OF NOMINEE: _____ LAST 4 OF SSN: _____

PAY PLAN-SERIES-GRADE: _____

COMMAND: _____

AMOUNT OF AWARD RECOMMENDED: _____ (ENTER DOLLAR AMOUNT)

TYPE OF PERFORMANCE AWARD: (CHECK ONE)

- PERFORMANCE AWARD SPECIAL ACT
 QUALITY STEP INCREASE ON-THE-SPOT
 TIME-OFF AWARD: _____ HOURS

JUSTIFICATION FOR AWARD. (PROVIDE SPECIFIC ACCOMPLISHMENTS AND TIMEFRAME COMPLETED. PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS REQUIRED)

NOMINATOR'S NAME (PRINT) SIGNATURE DATE

DEPARTMENT HEAD ENDORSEMENT

- RECOMMENDING APPROVAL. AMOUNT APPROVED _____
 RECOMMENDED DISAPPROVAL & RETURN TO NOMINATOR

NAME OF DEPARTMENT (PRINT) SIGNATURE DATE

COMPTROLLER ENDORSEMENT

AWARD COMMITTEE RECOMMENDATION, IF APPLICABLE: _____

- RECOMMENDING APPROVAL. AMOUNT APPROVED: _____
 RECOMMENDED DISAPPROVAL & RETURN TO DEPARTMENT HEAD

COMPTROLLER'S NAME (PRINT) SIGNATURE DATE

APPROVING OFFICIAL ENDORSEMENT

- AWARD: APPROVED. AMOUNT: _____
 DISAPPROVED

ACTIVITY HEAD/DESIGNEE'S NAME (PRINT) SIGNATURE DATE