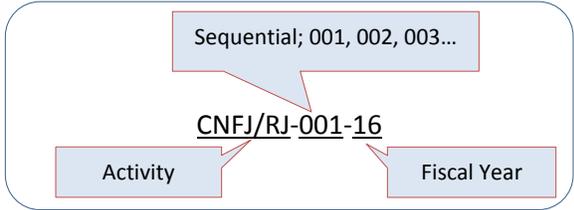


How to fill out USFJ Form 12 (9 Mar 2016)

| Column | Description | Narrative |
|--------|--|---|
| | MLC MC IHA | Check appropriate box |
| 1 | Date of Request | Must be AFTER the end of Rating period specified in 9a |
| 2 | To: (Name & Address of RDB/RDO) | For Misawa: 1-1-25, Hirahata, Misawa-shi, Aomori-ken For Yokota: 4F, 568-1, Tanaka-cho, Akishima-shi, Tokyo-to For Yokosuka: 1-6, Yonegahama-dori, Yokosuka-shi, Kanagawa-ken For Zama: 1-26-1, Soubudai, Zama-shi, Kanagawa-ken For Sasebo: 3-1, Hirase-cho, Sasebo-shi, Nagasaki-ken For Okinawa: 1058-1, Aza Yara, Kadena-cho, Nakagami-gun, Okinawa-ken |
| 3 | From: | Contracting Officer's Representative, Commander U.S. Naval Forces Japan |
| 4 | Name of Employee | Self-explanatory For multiple awardees, "See attached list" |
| 5 | ID/Employee Number | Self-explanatory For multiple awardees, "See attached list" |
| 6 | Job Title, No., & BWT-Grade-Step | Self-explanatory For multiple awardees, "See attached list" |
| 7 | Using Unit/Activity | Name of Activity |
| 8 | Category | Check appropriate box |
| 9 | Brief Description of Award/SSI <i>Justification of the specific award recommended</i> | <p>*Special Act/Service (SAS)& Sustained Superior Performance (SSP): Serial Number and specific justification (w/Japanese translation) of the award Serial Number is mandatory for LMO processing: must be assigned to each awardee in sequential number</p>  |
| 9a | Rating Period Covered | <p>*SSP: 1) minimum 6 months 2) must be at one grade level unless the employee is demoted for reasons other than for cause attributable to the employee. Promotions, demotions, and separations after completing the 6-months period will not affect the eligibility. 3) cannot be given to the same employee more than once in a 12-months period (rating period shall not overlap)</p> <p>**SSI: 1 October thru 30 September</p> |
| 9b | Rating (SSP only) | Check appropriate box |
| 9c | Recommended Amount (%) | Specific Award Amount Recommended (in Yen; in increments of ¥100) |
| 9d | Rating (SSI only) | Self-explanatory |
| 9e | Recommended for SSI | Check appropriate box |
| | Signatures of Recommending Official & Reviewing Official | Digital signatures are acceptable Recommending Official's signature is optional Reviewing Official's signature is mandatory |
| 11 | Amount of Cash Award | <p>*SAS: not to exceed ¥40,000 per awardee **SSP: not to exceed 50% of one month's base pay</p> |
| 12 | Applicable provisions | Check appropriate box |