

## 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)

- |  |  |
|--|--|
| <input type="checkbox"/> PERFORMANCE AWARD     | <input type="checkbox"/> SPECIAL ACT                 |
| <input type="checkbox"/> QUALITY STEP INCREASE | <input type="checkbox"/> ON-THE-SPOT                 |
|  | <input type="checkbox"/> 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

- |  |
|--|
| <input type="checkbox"/> RECOMMENDING APPROVAL. AMOUNT APPROVED _____  |
| <input type="checkbox"/> RECOMMENDED DISAPPROVAL & RETURN TO NOMINATOR |

_____	_____	_____
NAME OF DEPARTMENT (PRINT)	SIGNATURE	DATE

### COMPTROLLER ENDORSEMENT

AWARD COMMITTEE RECOMMENDATION, IF APPLICABLE: \_\_\_\_\_

- |  |
|--|
| <input type="checkbox"/> RECOMMENDING APPROVAL. AMOUNT APPROVED: _____       |
| <input type="checkbox"/> 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