

**INCENTIVE AWARDS  
NOMINATION AND APPROVAL - NONAPPROPRIATED FUNDS**

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

1. NAME (Last, first, MI)	
2. WORK CENTER CODE	3. POSITION/GRADE
4. ORGANIZATION	

Justification for all Incentive Awards based on performance  
will be completed as required on page 2 of this form.

**5. TYPE OF AWARD RECOMMENDED**

a. HONORARY		b. MONETARY	
<input type="checkbox"/>	CERTIFICATE OF ACHIEVEMENT	<input type="checkbox"/>	SUSTAINED SUPERIOR PERFORMANCE AMOUNT \$
<input type="checkbox"/>	CERTIFICATE OF APPRECIATION	<input type="checkbox"/>	SPECIAL ACT OR SERVICE AMOUNT \$
<input type="checkbox"/>	OTHER (Specify)	<input type="checkbox"/>	PERFORMANCE BASED PAY ADJUSTMENT TO AMOUNT \$
<input type="checkbox"/>		<input type="checkbox"/>	ON-THE-SPOT AWARD (*) AMOUNT \$

**6. NOMINATING OFFICIAL**

a. TYPED NAME AND TITLE	b. TELEPHONE NO.	c. SIGNATURE	d. DATE (YYYYMMDD)
e. FAX TELEPHONE NO.		f. E-MAIL ADDRESS	

(\*) For On-The-Spot Award, this document, when signed by the appropriate official, constitutes authority to issue check in amount indicated. Authority AR 215-3, chapter 9.

**7. COMPLETE ONLY FOR SUGGESTION AWARDS**

TANGIBLE SAVINGS \$ _____	<input type="checkbox"/> APPROVED
INTANGIBLE (ATTACH STATEMENT)	<input type="checkbox"/> DISAPPROVED

8. TYPED NAME AND TITLE OF SUGGESTION AWARDS CHAIRMAN OR NAF COORDINATOR	9. SIGNATURE	10. DATE (YYYYMMDD)
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**11. TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED              AMOUNT OF AWARD \$ _____
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12. TYPED NAME AND TITLE	13. SIGNATURE	14. DATE (YYYYMMDD)
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**15. IDENTIFY THE CRITICAL MAJOR DUTIES AND RESPONSIBILITIES OF THE POSITION**

CRITICAL MAJOR DUTIES	PERFORMANCE REQUIREMENTS	PERFORMANCE

**16. JUSTIFICATION**

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17. TYPED NAME OF SUPERVISOR	18. SIGNATURE	19. DATE (YYYYMMDD)
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