RECOMMENDATION FOR: ☐ **SPECIAL ACT AWARD** ☐ **ON-THE-SPOT AWARD**

TO: INCENTIVE AWARDS OFFICE, Code 7.3.1

JOB ORDER NUMBER: _____

DATE: _____

I recommend that award consideration be given the special act herein described that was performed by the employee, or group of employees named below.

RECOMMENDED BY:	POSITION (Shop, Dept., or Div.) AND NAME OF ACTIVITY

EMPLOYEE NAME: (Last. First, M.I.)	PAYROLL NUMBER	POSITION TITLE	GRADE/SERIES	COST CENTER	AMOUNT

(Attach a list for additional employees)

DATE(S) OF ACHIEVEMENT

From: To:

1. ESTIMATE OF BENEFITS

A. INTANGIBLE BENEFITS ☐ SAFETY ☐ IMPROVED METHODS ☐ MORALE ☐ OTHER (SPECIFY) _____

VALUE ☐ MODERATE ☐ SUBSTANTIAL ☐ HIGH ☐ EXCEPTIONAL

EXTENT OF APPLICATION ☐ LIMITED ☐ EXTENDED ☐ BROAD ☐ GENERAL

B. ANNUAL TANGIBLE BENEFITS (in table below compute labor savings at actual cost)

	LABOR MATERIAL			TOTAL			LABOR
	HOURS	HOURLY RATE	TOTAL	UNITS	COST PER UNIT	TOTAL	& MATERIAL
FORMER METHOD							
NEW METHOD							
SAVINGS							

2. DESCRIPTION OF ACHIEVEMENT: (The description need not be lengthy, but should clearly show how the employee exceeded job responsibility.)

REVIEWED BY: (Name of Business Financial Manager)

SIGNATURE	CODE	DATE

APPROVED BY: (Name and title of person with By Direction Authority for awards)

SIGNATURE	CODE	DATE