TIME-OFF AWARD

To: Incentive Awards Office, Code 7.1.3

DATE: _____

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

EMPLOYEE (Name: Last. First, M.I.)	PAYROLL NUMBER	POSITION TITLE	GRADE

BASIS FOR AWARD RECOMMENDATION

VALUE _____ ☐ MODERATE ☐ SUBSTANTIAL ☐ HIGH ☐ EXCEPTIONAL

NUMBER OF HOURS OF TIME-OFF GRANTED: _____

TIME-OFF MUST BE USED BY:
(not later than 1 year after date of approval) _____

DESCRIPTION OF ACHIEVEMENT: *(Summary statement explaining how the employee met one or more* of *the criteria for a time-off award.)*

APPROVED BY: (Name and title of person with By direction authority for awards)

SIGNATURE	CODE	DATE