NAVMC HQ 960 (07-09) (EF)

FOUO - Privacy Sensitive when filled in.

Print Form

Time Off Award Nominations

1. Name of Employee Recommended for Award

Last Name	First	MI

2. Title / Series / Grade

Title	Series	Grade

3. Organization / Code

Organization	Code

4. Time Off Award Hours Recommended

Hours

Note: If award is for a group of employees, add a list identifying each employee and the number of time off hours recommended. Time off hours may vary depending on the relative value of each employee's contribution to the special act or service.

Add List

5. Justification for the Award. Provide information on the basis for the award.

6. Record of Nomination and Approvals

Recommending Official (s)

Title	Signature	Date

Approving Official

☐ Approved ☐ Disapproved Time off hours approved, if other than what was recommended : _____

Title	Signature	Date

For HROM Use Only

Reset Form

FOR OFFICIAL USE ONLY.

Adobe Designer 8.0

Names of Empolyees Recommended for Award	Recommended Time Off Hours

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