RECOMMENDATION FOR INCENTIVE/PERFORMANCE AWARD

TO: CODE N04V/ BLDG 445

1. I recommend that consideration be given to the following employee. The employee's performance standards for the position were thorougly reviewed prior to the submission of this recommendation.

EMPLOYEE NAME (LAST, FIRST, M.I)	PAYROLL NUMBER	POSITION, GRADE AND CODE
(Attach a list for group recognition)		

2. Type of award recommended PERIOD OF ACHIEVMENT **FROM:** **TO:**

☐ *** SPECIAL ACT.** I certify non-recurring duties substantially exceed expectations and that the achievement is based on the measurable benefits of tangible, intangible, or a combination of the two as shown in 4 below.

☐ **** PARS PERFORMANCE.** Certify performance level is rated fully successful, or better, and total performance is of a level to merit recognition.

☐ **** QUALITY STEP INCREASE.** I certify performance level is rated outstanding. This recommendation is based upon performance in one position. Employee has not received a quality step increase in the past 52 weeks and is expected to remain in this position or a similar position for at least 60 days.

☐ **** PMRS PERFORMANCE.** I certify performance, which substantially exceeded Fully Successful included accomplishments which materially and significantly contribute to the attainment of Station 's mission or impact significantly on DOD mission. Difficulty and impact of the employee's objectives were primary consideration in nomination of this award.

☐ **OTHER** (Specify) _____

3. Performance awards *(PARS, QSI, & PMRS only):*

Annual Performance Rating _____ Date o f Rating _____

This award falls within the funding limitations of the PARS Department/PMRS Unit ☐ YES ☐ NO

4. Estimate of benefits *(how performance increased productivity, economy or effectiveness of government operations.)*

A. INTANGIBLE BENEFITS	☐ SAFETY	☐ IMPROVED METHOD	☐ MORALE	☐ OTHER (specify)
VALUE	☐ MODERATE	☐ SUBSTANTIAL	☐ HIGH	☐ EXCEPTIONAL
EXTENT OF APPLICATION	☐ LIMITED	☐ EXTENDED	☐ BROAD	☐ GENERAL

B. TANGIBLE BENEFITS (*In table below, compute labor savings using accelerated rates.)*

ITEM	LABOR			MATERIAL			MATERIAL (Labor and Material)
	Man-Hours Person	Dollars Per	TOTAL	Units Per	Cost Per Unit	TOTAL	
FORMER METHOD							
NEW METHOD							
SAVINGS							

5a. Summary of achievement. (*In 50 words or less describe achievement in nontechnical ternms (for use in award publicity.)*

b. Description of Achievement. *(Attach in duplicate.)*

* **Special Act Awards:** Describe situation prior to and at the time of employee's contribution, indicate what it might have become without contribution and document what it did become as a result of contribution. When appropriate, provide examples, critical incidents, facts, figures, time lines, presurres, risks, obstacles, problems, or difficulties. Whenever possible, identify contribution in terms of tangible savings.

** **Performance Awards:** Must be recommended within 30 days of the end of annual rating period. Additional description of achievement is not required.

RECOMMENDING OFFICIAL (Signature and Code)	AWARD AMOUNT	DATE
APPROVING OFFICIAL (Signature and Code)		DATE

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EMPLOYEE NAME (LAST, FIRST, M.I)	PAYROLL NUMBER	POSITION, GRADE AND CODE

TYPE OF AWARD RECOMMENDED	PERIOD OF ACHIEVEMENT FROM:		TO:
☐ SPECIAL ACT.	RECEIPT OF AWARDS IN THE PAST 12 MONTHS	REMARKS	DATE RECEIVED
☐ PARS PERFORMANCE	_____		AWARD AMOUNT
☐ QUALITY STEP INCREASE			CONTROL NUMBER
☐ PMRS PERFORMANCE			TANGIBLE SAVINGS
☐ OTHER			EFFECTIVE DATE
			MEMO AND FOLDER TO (0003)
	CHECK RECEIVED BY		DATE

PHD NSWC 5305/5 (Rev 4-09)

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