

## Recommendation For Incentive Award

The proponent agency is NGKS-HR. The prescribing directive is NGKS HRP 451.

| Section I – To Be Completed by Recommender or Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Employee Name: (Last, First, MI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                 |                                                      |
| 2. Present Position: (If supervisory, see 6a below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. Grade & Step:                                          | 4. Basic Salary:                                                                |                                                      |
| 5. Name & Location of Present Position Organization (found on SF 50):                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                 |                                                      |
| 6. Recommended Award Type: (Select one below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | Award Amount: _____ (\$ / hours / %)                                            |                                                      |
| <input type="checkbox"/> On the Spot (OTS)                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Time off (TOA) (See 6b.)         | <input type="checkbox"/> Sustained Superior Performance (SSP)                   | <input type="checkbox"/> Quality Step Increase (QSI) |
| 6a. <input type="checkbox"/> I verify this supervisor is in compliance with HR Policy Letter #27 and current on all appraisal actions on subordinates.                                                                                                                                                                                                                                                                                                                                                  |                                                           |                                                                                 |                                                      |
| 6b. <input type="checkbox"/> I have considered fully the wage costs and productivity loss in granting this TOA. The amount of time off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award. |                                                           |                                                                                 |                                                      |
| 7. Description Of The Basis For The Award:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                 |                                                      |
| Date(s) For Period Of Award:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current Performance Rating:                               | Position During Award Period:                                                   |                                                      |
| 8. Narrative Description Of Actions Or Events That Support The Basis For The Award (See Reverse):                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                 |                                                      |
| 9. Supervisor Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date: (yyyymmdd)                                          | Supervisor Signature:                                                           |                                                      |
| 10. Local Approving Authority Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date: (yyyymmdd)                                          | Local Approving Authority Signature:                                            |                                                      |
| Section II – To Be Completed By Human Resources And Finance Office                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                 |                                                      |
| <input type="checkbox"/> Funding is available and within the aggregate cap.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           | <input type="checkbox"/> Funding is not available or exceeds the aggregate cap. |                                                      |
| Type and date of incentive award(s) or QSI(s) previously granted: (Except Length of Service)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                                                 |                                                      |
| <input type="checkbox"/> Employee is eligible for award                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Cash/Bonus does not exceed limit | <input type="checkbox"/> Time-off does not exceed limit                         |                                                      |
| Section III – To Be Completed By Awards Committee (If applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                 |                                                      |
| Approved (select one): <input type="checkbox"/> No Change <input type="checkbox"/> Increase to: / <input type="checkbox"/> Decrease to: _____ <input type="checkbox"/> Disapproved                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                 |                                                      |
| Date: (yyyymmdd)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Awards Committee Recommending Official:                   |                                                                                 |                                                      |
| Section IV – To Be Completed By Approving Official                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                 |                                                      |
| Approved (select one): <input type="checkbox"/> No Change <input type="checkbox"/> Increase to: / <input type="checkbox"/> Decrease to: _____ <input type="checkbox"/> Disapproved                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                 |                                                      |
| Date: (yyyymmdd)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approval Official Signature:                              |                                                                                 |                                                      |

**Award Amount Limitations**

1. OTS = \$50 - \$250 per special act or service
2. TOA = Up to 40 hours per contribution; Up to 80 hours per leave year
3. SSP = 1-10% of salary
4. QSI = No more than one in a 52-week period (Refer to HRP 451 for other requirements)

**Evidence to Support the Narrative Description**

1. Include detailed and specific statements of fact to the recommendation. This must be a factual presentation of the nature and merit of the employee's actual performance and an indication of how it exceeds normal performance requirements of the employee's position. Indicate benefits resulting from the performance and the significance of special act or service rendered.
2. Where achievement resulted in tangible benefits, provide detailed computation and analysis of such benefits. If tangible benefits were not applicable, give the type of relative importance of intangible benefits and the significance to the organization.
3. For SSPs and QSIs, attach a copy of the performance plan objective(s) that record how the employee clearly exceeded the fully successful standard and demonstrated significant superior performance.

**Considerations for Recommended Awards  
(Organizations may use the template below to standardize award amounts.)**

**Cash Award Suggested Amount Chart for Use with Tangible Benefits**

| Estimated First Year Benefit | Amount of Award |
|------------------------------|-----------------|
| Up to \$10,000               |                 |
| \$10,001 to \$100,000        |                 |
| \$100,001 and more           |                 |

**Cash Award Suggested Amount Chart for Use with Intangible Benefits**

| Value of Benefit                                                                                                                                                            | Limited Scope       | Extended Scope                        | Broad Scope                                               | General Scope                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Expressed in extent of contribution and not dollar amounts                                                                                                                  | Within organization | Outside organization but within state | Outside state but within National Guard or Service branch | Effects outside NG and Service branches. Entire Federal Government or in the public interest |
| Moderate:<br>Change or modification of an operating principle or procedure with limited use or impact.                                                                      |                     |                                       |                                                           |                                                                                              |
| Substantial:<br>Substantial change or modification of procedures. An important improvement to the value of a product, activity, program, or service to the public.          |                     |                                       |                                                           |                                                                                              |
| High:<br>Complete revision of a basic principle or procedure; a highly significant improvement to the value of a product or service.                                        |                     |                                       |                                                           |                                                                                              |
| Exceptional:<br>Initiation of a new principle or major procedure; a superior improvement to the quality of a critical product, activity, program, or service to the public. |                     |                                       |                                                           |                                                                                              |