

**NOMINATION FOR INCENTIVE AWARD (CENTRAL OFFICE ONLY)**

Employee Data		COPO Date Stamp
Name		
Social Security #		
Division		
Title		
Grade/Step		

Step 1 Award Data			
Type of Award:		Amount:	
<input type="checkbox"/> Non-Monetary Award (specify)	<input type="checkbox"/> Special Act Award (\$350)	<input type="checkbox"/> Employee of the Month	
<input type="checkbox"/> Extra Mile Award (\$100)	<input type="checkbox"/> Sustained Superior Performance Quarter (\$750)	<input type="checkbox"/> Supervisor of the Quarter	
<input type="checkbox"/> Time Off Award	<input type="checkbox"/> Quality Step Increase (\$1500)	<input type="checkbox"/> Employee of the Year	
Justification:		Period Covered Award: From _____ To _____	
Recommending Supervisor		Date	Branch Chief
			Date

Step 2 Central Office Personnel Office Review						
Received in COPO:		Returned COPO:		Keyed into NFC:		
Logged into EASY:		Effective Date:		Letter Prepared:		
Performance Award History for Last Two Years:	Date:	Type:	Amount:	Date:	Type:	Amount:
	Date:	Type:	Amount:	Date:	Type:	Amount:
For QSI/SSP: Latest Evaluation Rating:		Date of Evaluation:		Next Projected WGI: Effected by QSI? <input type="checkbox"/> Y <input type="checkbox"/> N		
Human Resource Manger		_____				
Technical Compliance:		(signature)			(date)	

Step 3 Final Approval	
Assistant Director (Director if over \$3000.00)	_____
	(signature) (date)

**NOTE: RETURN TO COPO PROMPTLY AFTER FINAL APPROVAL. EFFECTIVE DATE WILL BE FIRST FULL PAY PERIOD AFTER DATE APPROVED NOMINATION RECEIVED IN COPO.**