

EMPLOYEE AWARD NOMINATION FORM

Authority: CA NG Awards Program IAW CMDI 1420.05
Principal Purpose: To record names, signatures, award history, and other identifiers for the purpose of validating the nomination and designation of monetary and time based awards.
Routine Uses: None.
Disclosure: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

1. Name (Last, First, Middle)

2. Social Security Number

3. Award Inclusive Dates

From:

To:

4. Position Title

5. Pay Plan

6. Grade

7. Step

8. Total Salary

9. Position's Organization and Location

11. Justification¹

AWARD REQUESTED

12. Award Requested

13. Overall Rating for Record²

14. Award Amount³

Choose an item.

PAST AWARD HISTORY (This information can be found in the “My Employee Information” area in My Workplace)		
15. Award History For Previous 24 Months		
15a. Type	15b. Amount	15c. Date
TO BE COMPLETED BY NOMINATING SUPERVISOR		
I certify that the justification and past award history is accurate. This certification is made with the knowledge that this information is to be used for statutory purposes relating to payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.		
Name/Title	Signature	Date
TO BE COMPLETED BY UNIT DIRECTOR / 0-6 COMMANDER		
I certify that the justification and past award history is accurate. This certification is made with the knowledge that this information is to be used for statutory purposes relating to payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.		
Name	Signature	Date
CERTIFICATION OF FUND AVAILAILABILITY		
Name/Title	Signature	Date

¹ Written justification for the award specifying the performance, act, or service being recognized must be included.

² To be eligible for a performance appraisal based cash award, the employee’s overall rating must be between Level 3 (Fully Successful) through Level 5 (Outstanding). To be eligible for an Irregular Performance Pay step increase, the employee’s overall rating must be a Level 5 (Outstanding).

³ All cash awards will be processed as a gross amount and are subject to taxation.

- ANG – Signed by Wing Comptroller for funding.
- ARNG – Route to CAJS-J1-HR-MA for funding.
- Time Off Award hours must be used within one year of the effective date of the award. By statute, unused hours will be forfeited without further compensation and technicians may not “cash in” Time Off Awards hours under any circumstance.
- 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.