

PERSONNEL

Awards

General information

Assigning Case Numbers

Positions 1-2, Agency Code = 36 - Midwest Area
Position 3, Fiscal Year Award Effective = 2
Position 4, "I" for Individual Award OR "G" for Group Award
Position 5-8, Sequential Case Number from the list assigned by Deb Agee

Who is Approving Official?

Area Director must approve Employee Suggestion, Extra Effort Award, Performance Bonus Award, Spot Awards, and Quality Step Increase. Time Off Awards up to 10 hours may be approved by Research Leaders, Center Directors, and Location Administrative Officer AS LONG AS THE RECOMMENDING INDIVIDUAL AND APPROVING OFFICIAL ARE DIFFERENT PEOPLE.

CHECK WITH YOUR LOCATION ADMINISTRATIVE OFFICER (LAO) FOR PROCESSING COMPLETED AWARD FORMS.

Key to Award Amounts

1. Extra Effort Award
Apply the Contribution in Block 11 of the AD-287-2 Award form to the Scale on page 12 of the Guide for Employee Recognition, and itemized in Block 15, and the result is the Award Amount in Block 14. However, if the Contribution in Block 11 can be measured in terms of time saved, money saved, or expenditures avoided, use the Scale on page 11 of the Guide to determine the Award Amount in Block 14. The contribution (and justification, if necessary) must support the applicable Benefits Scale and the Award Amount.
2. Spot Award
Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution must support the Benefits Scale and Award Amount.
3. Time-Off Award
Apply the Contribution in Block 11 of the Award Form to the Scale on Page 10 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution (and justification, if necessary) must support the Time-Off Scale and number of Time-Off Hours.
4. Performance Bonus Award
Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide, and the result is the Award Amount in Block 19. The Contribution (and justification, if necessary) must support the Benefits Scale and Award Amount.

Justification Statements

Justification Statements are required in addition to completing Block 11 of the Award form:

1. For any monetary award amount
2. If giving over 10 Time-Off hours
3. A separate Performance Appraisal narrative explaining how the employee met the Elements can also be used as the Justification Statement.
4. Appendix C of the Guide for Employee Recognition provides a justification outline that may be helpful.

Award Limitations

1. Spot Award--Range from \$50 to \$500. No employee may receive a spot award for more than \$500 per award but there is no limit on the number of awards received per year.
2. Time-Off Award--Employee may be granted a maximum of 40 hours of time off for a SINGLE contribution. Employee may be granted a TOTAL of 80 hours of time off during a LEAVE YEAR. The leave must be used within 1 year after the effective date of the award. Award is effective on the first pay period following approval. After the 1-year period, any unused time off is forfeited. If a person leaves the agency, the award time is lost. Time-off awards are never converted to cash, nor is the time added to annual leave. Before a time off award can be used, it first has to be added to into the STAR system by the timekeeper, once the award is in the NFC system (check IRIS). NOTE: if the employee tries to use the hours before it is entered into the system, NFC will take the hours out of their annual leave balance or any other available balance if annual leave is depleted. This is a real mess to fix.
3. Performance Bonus Award--Employee must receive a Performance Appraisal Summary of Fully Successful or higher. Award amount cannot exceed 10% of an employee's annual salary. Employee can receive only one Performance Bonus Award per Performance Appraisal Cycle.
4. Quality Step Increase--Employee must receive Outstanding Performance Appraisal Summary Rating. An employee is not eligible for a QSI if appointed or promoted within the past year. A minimum of 52 weeks must elapse between QSIs.

Helpful References:

- USDA Guide for Employee Recognition
- Directive 418.3, ARS Performance Management and Recognition System

Value of Benefit	Application	Application	Application
	Limited: Impacts the public interest, or a specific small work (MU) unit to as large as a division or region (MWA)	Broad: Impacts the public interest, or several regional areas or an entire agency	General: Impacts the public interest or more than one agency (ARS) or the entire Department
Small/Moderate	\$50-\$325	\$325-\$650	\$650-\$1300
Moderate or Substantial	\$325-\$650	\$650-\$1300	\$1300-\$3150
Substantial or Extended	\$1000-\$2500	\$2500-\$5500	\$5500-\$10,000

Awards must have a copy of the AD-435 and supporting documentation, i.e., specifics of what was accomplished for monetary awards in excess. (See page 14, paragraph 1) A justification must accompany any rating of Outstanding.

Source: USDA Guide for Employee Recognition (Blue Book)

Download award form [AD-287-2](#)

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS	CASE NO. (Personnel Use Only) 36411235
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NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE OFF AUTOMATION ASST	5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/02
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 10/18/03 To: 06/11/04	8. ACCOUNTING CODE 4013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input checked="" type="checkbox"/> OTHER (Specify address): →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

Performance Award: \$470, 06/14/2003

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

Reorganizing the library and cataloging the books into a computer system.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)					
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *		<input type="checkbox"/> EXTRA EFFORT AWARD *		<input type="checkbox"/> SPOT AWARD	<input checked="" type="checkbox"/> TIME OFF AWARD **
<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> GAINSHARING AWARD				<input type="checkbox"/> OTHER *
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.						
** Attach a description if the contribution exceeds the moderate benefits.						
EXTRA EFFORT AWARD	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount / hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS	
	1	8 hours		<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	\$	VALUE OF BENEFITS
					Small	Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)					
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *		<input type="checkbox"/> QUALITY STEP INCREASE *			
Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.						
* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.						
17. DATE OF LAST PROMOTION		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD		
				\$		

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
	06/30/04		06/30/04
TITLE: Secretary		TITLE: Research Leader	
22. APPROVING OFFICIAL (Signature & Title)			DATE
Research Leader			06/30/04

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS	CASE NO. <i>(Personnel Use Only)</i> 36511234
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NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE <i>(Last, first, middle initial)</i> Doe, John B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE PHYS SCI TECHNCN	5. PAY PLAN-SERIES/GRADE/STEP GS-1311/08/02
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD <i>(mm, dd, yy)</i> From: 10/18/04 To: 10/22/04	8. ACCOUNTING CODE 5013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i> →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS *(Specify type of award, amount received, and effective date.)*
QSI: 05/03/2004

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language will appear on the employee's certificate.)*
EMPLOYEE IS BEING RECOGNIZED FOR:

Modifying the old piece of equipment to increase productivity in the new laboratory by 150%.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i>				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *		<input type="checkbox"/> EXTRA EFFORT AWARD *		<input checked="" type="checkbox"/> SPOT AWARD
<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> GAINSHARING AWARD			<input type="checkbox"/> TIME OFF AWARD **
<input type="checkbox"/> OTHER *					
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.					
** Attach a description if the contribution exceeds the moderate benefits.					
13. NO. OF PERSONS		14. TOTAL AWARD <i>(Give dollar amount / hours, or value of item)</i>		15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: →	
1		500.00		<input type="checkbox"/> MEASURABLE BENEFITS SCALE	
				<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	
			ESTIMATED FIRST YEAR SAVINGS		
			\$		
			VALUE OF BENEFITS		APPLICATION
			Substantial		Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i>				
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *		<input type="checkbox"/> QUALITY STEP INCREASE *		
Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.					
* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
17. DATE OF LAST PROMOTION		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD	
				\$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL <i>(Signature)</i>	DATE	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE
	10/28/2004		10/28/2004
TITLE: Soil Scientist		TITLE: Research Leader	
22. APPROVING OFFICIAL <i>(Signature & Title)</i>			DATE
Midwest Area Director			

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: <i>(Grade & Step)</i>	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL <i>(Signature & Title)</i>			DATE PROCESSED

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS	CASE NO. <i>(Personnel Use Only)</i> 36411230
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NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE <i>(Last, first, middle initial)</i> Doe, John B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE CHEMIST	5. PAY PLAN-SERIES/GRADE/STEP GS-1320/11/06
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD <i>(mm, dd, yy)</i> From: 01/01/2003 To: 02/01/2004	8. ACCOUNTING CODE 4013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i> →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS *(Specify type of award, amount received, and effective date.)*
 None

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language will appear on the employee's certificate.)*
 EMPLOYEE IS BEING RECOGNIZED FOR:
 exemplary efforts in cooperating with NRCS and cooperating farmers to collect, summarize and analyze data.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i> <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input checked="" type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD * Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
	13. NO. OF PERSONS 1	14. TOTAL AWARD <i>(Give dollar amount / hours, or value of item)</i> 500	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$	VALUE OF BENEFITS Moderate
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i> <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$			

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL <i>(Signature)</i>	DATE	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE
TITLE: Soil Scientist		TITLE: Research Leader	
22. APPROVING OFFICIAL <i>(Signature & Title)</i> <p style="text-align: center;">Midwest Area Director</p>			DATE

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: <i>(Grade & Step)</i>	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL <i>(Signature & Title)</i>			DATE PROCESSED

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS	CASE NO. <i>(Personnel Use Only)</i> 36411229
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NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE <i>(Last, first, middle initial)</i> Doe, John B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE BIOLCL SCI LAB TECHNCN	5. PAY PLAN-SERIES/GRADE/STEP GS-0404/05/01
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD <i>(mm, dd, yy)</i> From: 04/01/2003 To: 03/31/2004	8. ACCOUNTING CODE 4013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i> →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS *(Specify type of award, amount received, and effective date.)*
NONE

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language will appear on the employee's certificate.)*
EMPLOYEE IS BEING RECOGNIZED FOR:

For superior performance during the period 4/1/2003 through 3/31/2004.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i>				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *		<input type="checkbox"/> EXTRA EFFORT AWARD *		<input type="checkbox"/> SPOT AWARD
	<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> GAINSHARING AWARD		<input type="checkbox"/> TIME OFF AWARD **
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
	13. NO. OF PERSONS	14. TOTAL AWARD <i>(Give dollar amount / hours, or value of item)</i>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> →	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS
				<input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS APPLICATION
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i>				
	<input checked="" type="checkbox"/> PERFORMANCE BONUS AWARD *		<input type="checkbox"/> QUALITY STEP INCREASE *		
	Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.				
* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD		
	(Get these dates from your LAO if you do not have them.)		\$ 540.00		

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL <i>(Signature)</i>	DATE	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE
	04/10/2004		04/10/2004
TITLE: Soil Scientist		TITLE: Research Leader	
22. APPROVING OFFICIAL <i>(Signature & Title)</i>			DATE
Midwest Area Director			

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: <i>(Grade & Step)</i>	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL <i>(Signature & Title)</i>		DATE PROCESSED	

FOR ALL SIGNIFICANT OUTSIDE AWARDS RECEIVED BY ARS EMPLOYEES

ARS Awards Newsletter Information Form

1) Area:

2) Date Submitted:

3) Person or group receiving recognition (*NOTE: Please spell out first and/or middle names unless initials are specifically preferred. If person is retired or no longer with ARS, so indicate. For groups, identify leader if appropriate*):

4) Position and/or job title:

5) Office or laboratory and/or research unit:

6) Location:

Phone:

7) Award, honor, or distinction (*NOTE: Complete separate form for each award to be mentioned*):

8) Organization making award:

9) Is award being shared with others? If so, co-recipient(s) to be mentioned (*NOTE: Include agency, company, or university affiliation for each co-recipient*):

10) Reason for recognition (*NOTE: Please be as specific and concise as possible*):

11) Date and/or location of presentation:

12) Other information:

Forward to:

Jan Suszkiw, Awards Writer

ARS Information Staff

5601 Sunnyside Ave., Bldg. 1, Mailstop 5129

Beltsville, MD 20705

Phone (301) 504-1630/ Fax (301) 504-1641/ Email: jsuszkiw@ars.usda.gov

Dated: Sept. 2000

Forward to AD Office through Center Director or RL