UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
CIVILIAN INCENTIVE AWARD NOMINATION FORM

1. NAME (Last, First, MI):	2. Position Title: 3. Grade/Step:
4. SSN: 5. Department	6. Salary:
7. Type of Award(Monetary/Honorary)	8. Period Covered by Recommendation: From: To:
9. MONETARY AWARD ☐ Quality Step Increases (GS only) ☐ Performance Award ☐ On the Spot Award ☐ Superior Accomplishment/Special Act Award ☐ Recognition Bonus Award Amount of Award(Performance/Superior Accomplishment/Special Act) $ _____ Date of Last Monetary Award(if any): _____	10. Honorary Awards Title of Award 11. **APPROVALS** FMG: _____ Approved _____ Disapproved Initial: _____ Date: _____ 12. **CHR USE ONLY** Date In: DATE Returned _____ Date to Approving Official _____ Effective Date _____

13. PLEASE ATTACH JUSTIFICATION FOR AWARD TO THIS FORM:

A. For QSIs current rating or record must be at level 5, Outstanding.

B. Superior Accomplishment Award justification must include contributions made clearly benefits the University or the Federal Government.

C. Honorary Awards must include narrative justification as required by the specific award.

Name and Title of Recommending Official:	Signature:	Date:
Name and Title of Reviewing Official:	Signature:	Date:
Name and Title of Approving Official:	Signature:	Date:
Action:_____Approved Disapproved_____		USUHS FORM 1416 (REV 12/94)CHR