

**Appendix A**  
**Awards Review Checklist**

**Performance-Based Cash Awards & QSIs**

- \_\_\_\_\_ 1. NGB Form 32 completed and signed (Items 1-10)
- \_\_\_\_\_ 2. NGB Form 430 and 430-1 (Technician Performance Standards and Appraisal Form)
- \_\_\_\_\_ 3. Certification of performance statement if latest appraisal is over 60 days old
- \_\_\_\_\_ 4. Performance is at the excellent or outstanding level (Outstanding for QSIs only).
- \_\_\_\_\_ 5. Narrative Justification
- \_\_\_\_\_ 6. A minimum 12 month qualifying period of service is entered in block 2, NGB Form 32, and does not overlap a period of service that served as the basis for a previous cash award.
- \_\_\_\_\_ 7. Total period of qualifying service (Block 2, NGB Form 32) was in the same job and same grade level, or detailed to the same or higher grade duties .
- \_\_\_\_\_ 8. No absence in excess of 30 days during rating period
- \_\_\_\_\_ 9. Supporting Documentation

**Special Act/Service Cash Awards & On-the-Spot Cash Awards**

- \_\_\_\_\_ 1. NGB Form 32 completed and signed (Items 1-10)
- \_\_\_\_\_ 2. Narrative Justification
- \_\_\_\_\_ 3. Has not received a Special Act/Service or On-the Spot Cash Award in the last 52 weeks
- \_\_\_\_\_ 4. Supporting Documentation

**Suggestion Awards**

- \_\_\_\_\_ 1. AF Form 1000 (Air) or NGB Form 6 (Army)
- \_\_\_\_\_ 2. Supporting Documentation

**Time-Off Awards**

- \_\_\_\_\_ 1. NGB Form 32
- \_\_\_\_\_ 2. Narrative Justification

**RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE**

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

**SECTION I - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP: 07-02	SALARY: \$41,548
4. TYPE OF RECOGNITION RECOMMENDED: Time-Off Award (40 hours, \$770)		Enter this nukmber of hours and the amount of pay the employee will recieve for those hours
5. BASIS FOR RECOMMENDATION: (See reverse side for 'Evidence of Superior or Outstanding Achievement')		Enter the date or time-frame of the act or service OR if for performance, select the "Superior Performance" box and enter line appraisal dates
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD:	
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: (If different than Item 3.)		
7. COMMAND, INSTALLATION AND LOCATION:	8. ORGANIZATION:	
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR:		Printed Names, Titles and Signatures
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL:		

**SECTION II - TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE**

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)
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**SECTION III - TO BE COMPLETED BY LOCAL AWARDS COMMITTEE**

12. RECOMMEND APPROVAL OF FOLLOWING AWARDS:			
<input type="checkbox"/> CASH	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISAPPROVED <sup>1</sup>	TITLE:	SIGNATURE & DATE:	

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD	RECOMMEND	SIGNATURE & TITLE	DATE
LOCAL COMMANDER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND	ROBERT W. LESHER, HIARNG CHIEF OF STAFF	Date
STATE AWARDS COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
NGB INCENTIVE AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		

**NOTICE TO EMPLOYEE:** UPON ACCEPTANCE OF CASH AWARDS, THE USE OF THIS CONTRIBUTION BY THE UNITED STATES SHALL NOT FORM THE BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY YOU, YOUR HEIRS, OR ASSIGNS.

**RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE**

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

**SECTION I - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP: 07-01	SALARY: \$40,208
4. TYPE OF RECOGNITION RECOMMENDED: Sustained Superior Performance (\$1,200)		← Enter the amount of the SSP
5. BASIS FOR RECOMMENDATION: (See reverse side for 'Evidence of Superior or Outstanding Achievement')		The appraisal dates go here. The performance period MUST cover a minimum of 52 weeks
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD: 1 October 2016 - 30 September 2016	←
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: (If different than Item 3.)		
7. COMMAND, INSTALLATION AND LOCATION:	8. ORGANIZATION:	
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR:		↙ Printed Names, Titles and Signatures
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL:		

**SECTION II - TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE**

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)
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**SECTION III - TO BE COMPLETED BY LOCAL AWARDS COMMITTEE**

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<input type="checkbox"/> CASH	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISAPPROVED <sup>1</sup>	TITLE:	SIGNATURE & DATE:	

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD	RECOMMEND	SIGNATURE & TITLE	DATE
LOCAL COMMANDER: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND	ROBERT W. LESHER, HIARNG CHIEF OF STAFF	Date
STATE AWARDS COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
NGB INCENTIVE AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		

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**RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE**

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

**SECTION I - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP: 11-04	SALARY: 465,456
4. TYPE OF RECOGNITION RECOMMENDED: <b>Special Act/Special Service (\$6,000)</b> Enter the amount of the Award		
5. BASIS FOR RECOMMENDATION: (See reverse side for 'Evidence of Superior or Outstanding Achievement')		
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD:	Enter the date or time-frame of the special act or service
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: (If different than Item 3.)		
7. COMMAND, INSTALLATION AND LOCATION:		8. ORGANIZATION:
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR:		Printed Names, Titles and Signatures
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL:		

**SECTION II - TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE**

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)
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<input type="checkbox"/> CASH	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISAPPROVED <sup>1</sup>	TITLE:	SIGNATURE & DATE:	

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD	RECOMMEND	SIGNATURE & TITLE	DATE
LOCAL COMMANDER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND	ROBERT W. LESHER, HIARNG CHIEF OF STAFF	Date
STATE AWARDS COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
NGB INCENTIVE AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		

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**RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE**

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

**SECTION I - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP: 11-04	SALARY: \$65,456
4. TYPE OF RECOGNITION RECOMMENDED: <b>On the Spot Cash Award (\$300)</b>		Enter the type and amount of the award
5. BASIS FOR RECOMMENDATION: (See reverse side for 'Evidence of Superior or Outstanding Achievement')		
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD:	Enter the date or time-frame of the special act or service
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: (If different than Item 3.)		
7. COMMAND, INSTALLATION AND LOCATION:		8. ORGANIZATION:
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR:		Printed Names, Titles and Signatures
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL:		

**SECTION II - TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE**

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)
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**SECTION III - TO BE COMPLETED BY LOCAL AWARDS COMMITTEE**

12. RECOMMEND APPROVAL OF FOLLOWING AWARDS:			
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<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISAPPROVED <sup>1</sup>	TITLE:	SIGNATURE & DATE:	

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD	RECOMMEND	SIGNATURE & TITLE	DATE
LOCAL COMMANDER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND	ROBERT W. LESHER, HIARNG CHIEF OF STAFF	Date
STATE AWARDS COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
NGB INCENTIVE AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		

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**EVIDENCE OF SUPERIOR OR OUTSTANDING ACHIEVEMENT**

1. Attach statement of major duties performed and one copy of Position Description for position on which recommendation is based.
2. Attach detailed and specific statements of fact to the recommendation. This must be a factual presentation of the nature and merit of 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. Where achievement resulted in tangible benefits in operations, give detailed computation and analysis of such benefits.
3. If tangible benefits were not applicable, give the type of relative importance of intangible benefits. Explain also, significance of accomplishment to the command.
4. Attach a draft of the proposed citation, written in the third person, and not exceeding 70 words if an honorary award is recommended. Use 8 X 10 1/2 inch sheets of paper.

**REMARKS**

Instruction #1 above is not applicable - DO NOT send a copy of the position description with the award.

You MUST complete the remarks section - include reasons to why you believe the employee should receive the award (please see instruction #2 above).

**Time-Off Awards:** Include substantial remarks as to why the employee is deserving of the award. This award consists of hours of leave given to an employee for superior accomplishments, personal efforts that contribute to the quality, efficiency, or economy of governmental operations, or for performance during an appraisal period. Any nominations that exceed 2 workdays (based on the employee's work schedule) must go through the respective awards committees for approval.

**Sustained Superior Performance Awards:** A copy of the full annual appraisal must be submitted along with the NGB 32. In the remarks section of the NGB 32, include substantial remarks as to why the employee is deserving of the award. All nominations for this type of award must go through the respective awards committees for approval. This type of award is based on 52 weeks of performance.

**Special Act/Special Service and On-the-Spot Cash Awards:** Include a memorandum routed through channels to approving official (this is dependent on the amount of the award) that describes the one-time act or service that the award is based upon, and whether the benefit is tangible or intangible. If the award is based upon tangible benefits, documentation must also be included that demonstrates how the benefit was calculated. Awards based upon intangible benefits must describe the value of the benefit and the extent of its application in the memorandum.

**Quality Step Increases:** A copy of the full annual appraisal must be submitted along with the NGB 32, In the remarks section of the NGB 32, include substantial remarks as to why the employee is deserving of the award. You must also include the following sentence in the remarks: "I certify that based on past experience, it is believed that this technician's high quality of performances likely to continue." Nominations for this type of award must go through the respective awards committees for approval. Only GS employees who display outstanding performance on a continued basis are eligible for this award. This award is based on 52 weeks of performance.

**RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE**

The proponent agency is NGB-HR. The prescribing directive is TPR 451.

**SECTION I - TO BE COMPLETED BY OPERATING OFFICE**

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE & STEP:	SALARY:
4. TYPE OF RECOGNITION RECOMMENDED: <b>Quality Step Increase (\$1,341)</b>		Enter type of award and calculate yearly salary difference between steps
5. BASIS FOR RECOMMENDATION: (See reverse side for 'Evidence of Superior or Outstanding Achievement')		Appraisal date goes here. The appraisal/performance time-frame MUST cover a minimum of 52-weeks
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD: 1 October 2015-30 September 2016	
<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE:	
6. POSITION TITLE, GRADE & SALARY DURING PERIOD OF RECOMMENDATION: (If different than Item 3.)		
7. COMMAND, INSTALLATION AND LOCATION:		8. ORGANIZATION:
9. TITLE & SIGNATURE OF IMMEDIATE SUPERVISOR:		Printed Names, Titles and Signatures
10. TITLE & SIGNATURE OF APPROVING OPERATING OFFICIAL:		

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<input type="checkbox"/> INTANGIBLE BENEFITS			
<input type="checkbox"/> TANGIBLE SAVINGS	ESTIMATED FIRST YEAR SAVINGS:		
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> DISAPPROVED <sup>1</sup>	TITLE:	SIGNATURE & DATE:	

**SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY**

APPROVING AUTHORITY AND ACTION	ADDITIONAL CASH AWARD	RECOMMEND	SIGNATURE & TITLE	DATE
LOCAL COMMANDER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND	ROBERT W. LESHNER, HIARNG CHIEF OF STAFF	Date
STATE AWARDS COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
ADJUTANT GENERAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		
NGB INCENTIVE AWARDS BOARD: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <sup>1</sup>	APPROVED	RECOMMEND		

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