

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

**Reward and Recognition Program Nomination ATTACHMENT 27-2**

Individual Award

Group Award (Attach list of SSNs, names, BUS codes, centers/offices, org. admin. codes, and individual dollar amount or number of hours of time-off)

Nominee Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

(Contact the Executive Services Staff, OHRMS, for nomination forms for awards to SES members.)

Series and Grade: \_\_\_\_\_ Organization: \_\_\_\_\_ Org. Admin. Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ BUS Code: \_\_\_\_\_

**Nature of Action Code and Legal Authority:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cash 840 (ind.) 5 U.S.C. 4503        | <input type="checkbox"/> Cash 841 (group) 5 U.S.C. 4503        | <input type="checkbox"/> Travel Savings Incentive (gainsharing) 845 - 5 U.S.C. 4503 |
| <input type="checkbox"/> Time-Off 846 (ind.) 5 U.S.C. 4502(e) | <input type="checkbox"/> Time-Off 847 (group) 5 U.S.C. 4502(e) | <input type="checkbox"/> Recruitment Referral 848-5 U.S.C. 4503                     |
| <input type="checkbox"/> Suggestion 842 (ind.) 5 U.S.C. 4503  | <input type="checkbox"/> Suggestion 843 (group) 5 U.S.C. 4503  |   |

**Awarded for:** (Choose from the following. See back of form for definitions.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Citizenship (Non-monetary)                | <input type="checkbox"/> Quality Performance    | <input type="checkbox"/> Suggestion               |
| <input type="checkbox"/> Contribution to the Public Health Mission | <input type="checkbox"/> Recruitment Referral   | <input type="checkbox"/> Teamwork/Collegiality    |
| <input type="checkbox"/> Customer Service                          | <input type="checkbox"/> Risk Taking/Innovation | <input type="checkbox"/> Travel Savings Incentive |
| <input type="checkbox"/> Leadership                                | <input type="checkbox"/> Special Accomplishment | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Problem Solving/Creativity                |   |   |

**Justification** (minimum 25 words - not to exceed one page) The Commissioner's approval and additional justification is required for individual cash awards greater than \$2,500 and group cash awards greater than \$5,000.

**Award:** Time-Off\* (total number of hours) \_\_\_\_\_ Cash (total dollar amount) \_\_\_\_\_  
\*only management may nominate/approve time-off awards

**REQUIRED SIGNATURES (as appropriate):**

Nominator \_\_\_\_\_ Date \_\_\_\_\_  
 Recommending Official \_\_\_\_\_ Date \_\_\_\_\_  
 Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_

**AWARDS COMMITTEE REVIEW-FOR BARGAINING UNIT EMPLOYEES ONLY  
INDIVIDUAL OR GROUP CASH AWARDS  
(under NOAC 840 and 841, 5 U.S.C. 4503)**

<input type="checkbox"/> Recommend Approval _____	Date _____
<input type="checkbox"/> Recommend Disapproval _____ (Non-Bargaining Unit Representative)	
<input type="checkbox"/> Non-Consensus _____	Date _____
<input type="checkbox"/> Comments Attached _____ (NTEU Representative)	

Approving Official \_\_\_\_\_ Date \_\_\_\_\_

Approved  Disapproved  Modified

**Concurrences:** (required if nominator and nominee are in different organizations.)

Nominee's Organization Approving Official \_\_\_\_\_ Date \_\_\_\_\_

Nominee's Organization Financial Official \_\_\_\_\_ Date \_\_\_\_\_

Incentive Awards Officer \_\_\_\_\_ Date \_\_\_\_\_

Commissioner of Food and Drugs (If required) \_\_\_\_\_ Date \_\_\_\_\_

Personnel Official \_\_\_\_\_ Date \_\_\_\_\_

(Expected date for cash award payment is second Thursday in pay period following date into system.)

## Reward and Recognition Program Nomination

### Award Categories Defined:

**Citizenship** - Contributing to the well being of the community. (Nonmonetary recognition only.)

**Contribution to the Public Health Mission** - Performing/serving in a way that contributes to protecting and promoting the health of the American people.

**Customer Service** - Providing quality service to internal and external customers.

**Leadership** - Influencing/guiding others towards achieving organization goals.

**Problem Solving/Creativity** - Achieving results with new approaches, novel methods or resolving issues.

**Quality Performance** - Performing consistently and/or exceptionally for the benefit of the organization.

**Recruitment Referral** - Referring qualified external (i.e. non-FDA) candidates who are selected for employment.

**Risk Taking/Innovation** - Working to improve current practices or trying new approaches or solutions.

**Special Accomplishment** - Performing with exemplary efforts outside normal job responsibilities.

**Suggestion** - Providing a constructive idea that is adopted by management that directly contributes to the efficiency, economy, or other improvement of Government operations.

**Teamwork/Collegiality** - Advancing team goals towards FDA mission. Supporting team and individual members. Supporting other organizational units.

**Travel Savings Incentive (gainsharing)** - Achieving travel savings while on temporary duty (TDY) travel.

**Other** - Contributing to organizational goals in a manner not listed.

#### PRIVACY ACT STATEMENT

This information is requested under authority of sections 4502(e) and 4503 of Title 5, United States Code. The primary use of this information is by management and the personnel/payroll offices in order to approve and record the award. Additional disclosures of the information may be: to Federal, State, or local law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law; to contractors performing or working on a contract, service, grant, cooperative agreement, or job for the agency; or to the Office of Personnel Management for evaluation/audit purposes. The furnishing of this information is voluntary; however, failure to provide it may result in you not receiving the award or other compensation due you.