

Special Act and On The Spot Cash Award Nominations

1. Name of Employee Recommended for Award		
Last Name	First	MI
2. Title / Series / Grade		
Title	Series	Grade
3. Organization / Code		4. Award Amount Recommended
Organization	Code	Amount
<p>Note: If award is for a group of employees, add a list identifying each employee and the amount of award recommended. Award amounts may vary depending on the relative value of each employee's contribution to the special act or service.</p>		
5. Justification for the Award		
<p>Provide information on the basis for the award and an explanation of how the award amount was determined.</p>		
6. Record of Nomination and Approvals		
Recommending Official (s)		
_____	_____	_____
Title	Signature	Date
_____	_____	_____
Title	Signature	Date
Approving Official		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Award approved, if other than what was recommended : _____
_____	_____	_____
Title	Signature	Date
Certification that funds are available to pay the award		
Funds :	<input type="checkbox"/> Are	<input type="checkbox"/> Are Not Available
	_____	_____
	Signature AR, Fiscal	Date
For HROM Use Only		

Note : All approvals and the certification of funds are available must be obtained prior to submitting the form to HROM for processing of the award.

Names of Employees Recommended for Award	Recommended Time Off Hours

