

INCENTIVE AWARD NOMINATION

Award Number: _____

PART I - COMPLETED BY NOMINATING OFFICE (See Reverse)

Name (Last, First, Middle Initial):	Organization Code:	Social Security Number:
Title and Grade:	Date:	
Period Covered (Beginning/Ending Date):	Performance Rating: <input type="checkbox"/> Meets <input type="checkbox"/> Fails to Meet	

Nomination Form (Check One)		Special Service Award (SSA) - (Minimum Award is \$525) - (Certificate)	
		Group Achievement Award (GAA) - (No. CS _____/No. Contractor _____) (Certificate)	
		Sustained Superior Performance Award (SSP) - (Certificate)	
		On-the-Spot Award (OTS) - (\$100-\$500) - (No Certificate)	
		Time-Off Award (TOA) (shown in hours) - (No Certificate) MUST BE USED BY: _____ (Not later than one year after supervisor's approval)	Hours
		Director's Commendation Certificate (DCC)	
		MSFC Certificate of Appreciation (COA)	
		Travel Savings Incentive (Maximum Award is \$500) (No Certificate)	
		Suggestion Number: MSFC- Subject: _____	

NOTICE: (Withholding taxes deducted from all cash awards.)

Tangible Monetary Benefits:	Intangible Monetary Benefits *(See CD20-OWI-016, Incentive Awards), (Necessary ONLY for Suggestion, SSA, GAA):
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Justification for SSA/GAA/DCC/COA/OTS/TOA/Other (will be used as citation - do not use additional sheets): The above named individual is recommended for recognition based on performance above and beyond that normally expected. In addition to his/her routine duties, the nominee is recognized for:

PART II - NOMINATING OFFICIAL (See Reverse)

Typed Name and Title:	Signature:	Date:
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PART III - APPROVING OFFICIAL

Typed Name and Title:	Signature:	Date:
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PART IV - ADMINISTRATIVE OFFICER (AO) - (See Reverse)

I certify that the above justification supports this award and that all regulatory requirements have been met.

Typed Name and Title:	Signature:	Date:
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PART V - CERTIFYING AUTHORITY

INCENTIVE AWARDS OFFICER

Signature:	Date:
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INSTRUCTIONS

1. Nominating Official:

- a. Complete applicable items in Parts I, II, III, and IV.
- b. Prepare justification in accordance with instructions contained in the incentive Awards Section of CD20-OWI-016, Incentive Awards.

2. Administrative Officers:

- a. Check personnel information (SSN, etc.) for accuracy, check that justification supports the selected award type, and ascertain availability of funds within your organization.
- b. Sign in Item IV certifying to correctness of nomination form.
- c. A copy of MSFC 507 for On-the-Spot and Time-Off Awards may be presented to the recipient with only Parts II and III completed -- the original **MUST** be forwarded to the Incentive Awards Office for processing.
- d. MSFC Form 507s for all remaining award types, except SSPs, should be forwarded to the Incentive Awards Office after appropriate signatures within your organization and BR01 (Part V). After BR01 approval, SSPs must continue to go to your Personnel Representative who will sign in the Performance Rating Block, if they concur.