

INCENTIVE AWARD NOMINATION AND APPROVAL

For use of this form, see AR 672-20; the proponent agency is DCS, G-1.

PART 1 - TO BE COMPLETED BY OPERATING OFFICE

1. EMPLOYEE'S NAME <i>(Last, First, MI)</i>	2. ORGANIZATION <i>(No abbreviations)</i>
3. PRESENT POSITION, TITLE, GRADE AND SALARY	4. POSITION HELD DURING PERIOD COVERED IN NOMINATION <i>(If other than that shown in item 3)</i>

5. TYPE OF AWARD RECOMMENDED

ALL NOMINATIONS WILL BE JUSTIFIED AND INCLUDE THE DOCUMENTATION REQUIRED.

a.	HONORARY	b.	MONETARY
<input type="checkbox"/>	DISTINGUISHED CIVILIAN SERVICE MEDAL	<input type="checkbox"/>	CIVILIAN SERVICE COMMENDATION MEDAL
<input type="checkbox"/>	SUPERIOR CIVILIAN SERVICE MEDAL	<input type="checkbox"/>	CIVILIAN SERVICE ACHIEVEMENT MEDAL
<input type="checkbox"/>	MERITORIOUS CIVILIAN SERVICE MEDAL	<input type="checkbox"/>	CERTIFICATE OF ACHIEVEMENT
<input type="checkbox"/>	OTHER <i>(Specify)</i> _____	<input type="checkbox"/>	QUALITY STEP INCREASE
		<input type="checkbox"/>	PERFORMANCE AWARD \$ _____
		<input type="checkbox"/>	SPECIAL ACT/SERVICE AWARD \$ _____
		<input type="checkbox"/>	ON-THE-SPOT CASH AWARD \$ _____
		<input type="checkbox"/>	TIME OFF AWARD
c. PERIOD OF SERVICE TO BE RECOGNIZED <i>(MO/YR - MO/YR)</i> _____			

6. NOMINATING

a. TYPED NAME AND TITLE	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
		AREA CODE: ()	

PART II - TO BE COMPLETED ONLY FOR AWARDS FORWARDED TO HQDA *(DAPE-CPL)*

7. INDICATE IF NOMINATION IS CONSISTENT WITH PARAGRAPH 2-2 IN AR 672-20 *(Check Yes or No, If no, explain on separate attached page)*

<input type="checkbox"/> Yes	a. TYPED NAME EQUAL EMPLOYMENT OPPORTUNITY OFFICER	b. SIGNATURE	c. DATE
<input type="checkbox"/> No			
<input type="checkbox"/> Yes	d. TYPED NAME CIVILIAN PERSONNEL OFFICER	e. SIGNATURE	f. DATE
<input type="checkbox"/> No			

PART III - TO BE COMPLETED BY LOCAL INCENTIVE AWARDS COMMITTEE - RECOMMEND

8. APPROVAL DISAPPROVAL OTHER _____

COMPLETE FOR MONETARY AWARDS RECOMMENDED

AMOUNT RECOMMENDED	TANGIBLE MONETARY BENEFITS	INTANGIBLE BENEFITS	ESTIMATED FIRST YEAR SAVINGS \$
\$ _____	\$ _____		\$ _____

PART IV TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY *(IES)*

ACTION LEVEL	APPROVED <i>(If monetary, indicate amount)</i>	DIS-APPROVED	ADDITIONAL CASH AWARD	TITLE, SIGNATURE AND DATE
9. LOCAL COMMITTEE CHAIRPERSON				
10. INSTALLATION COMMANDER OR DESIGNATED REPRESENTATIVE				
11. MAJOR COMMAND REVIEW COMMITTEE				
12. COMMANDER OF MAJOR COMMAND OR DESIGNATED REPRESENTATIVE				
13. DEPARTMENT OF THE ARMY INCENTIVE AWARDS BOARD				