

<b>AWARDS RECOMMENDATION</b> <b>NETPDTTC 12451/1 (REV 06-03)</b>			<b>1. PERIOD COVERED BY THIS AWARD</b> FROM:            TO:		
<b>2. EMPLOYEE NAME (LAST, FIRST, MI)</b>		<b>3. SSN</b>	<b>4. PAY PLAN/SERIES/ GRADE/STEP</b>		<b>5. CODE/LOCATION:</b>

<b>6. INDICATE TYPE OF AWARD RECOMMENDED</b>			
<input type="checkbox"/>	<b>A. QUALITY STEP INCREASE (AWARD MUST BE BASED ON CURRENT OUTSTANDING RATING OF RECORD)</b>		
<input type="checkbox"/>	<b>B. SPECIAL ACT/ SERVICE AWARD (COMPLETE INTANGIBLE/TANGIBLE ESTIMATE OF BENEFITS; ANYTHING OVER \$750 REQUIRES CO APPROVAL)</b>		<b>C. AMOUNT RECOMMENDED</b>
<input type="checkbox"/>	<b>D. ON-THE-SPOT AWARD (ANYTHING OVER \$750 REQUIRES CO APPROVAL)</b>		<b>E. AMOUNT RECOMMENDED</b>
<input type="checkbox"/>	<b>F. TIME-OFF AWARD (ANYTHING OVER 8 HOURS REQUIRES CO APPROVAL)</b>		<b>G. NUMBER HOURS RECOMMENDED</b>
			<b>H. DATE MUST BE USED BY</b>
<input type="checkbox"/>	<b>I. MERITORIOUS AWARD (REQUIRES CO APPROVAL)</b>		
<input type="checkbox"/>	<b>J. SUPERIOR AWARD (REQUIRES NETC APPROVAL)</b>		

<b>7. ESTIMATE OF BENEFITS</b>								
<b>A. INTANGIBLE BENEFITS</b>	<input type="checkbox"/>	<b>SAFETY</b>	<input type="checkbox"/>	<b>IMPROVED METHOD</b>	<input type="checkbox"/>	<b>MORALE</b>	<input type="checkbox"/>	<b>OTHER (SPECIFY)</b>
<b>B. VALUE</b>	<input type="checkbox"/>	<b>MODERATE</b>	<input type="checkbox"/>	<b>SUBSTANTIAL</b>	<input type="checkbox"/>	<b>HIGH</b>	<input type="checkbox"/>	<b>EXCEPTIONAL</b>
<b>C. EXTENT OF APPLICATION</b>	<input type="checkbox"/>	<b>LIMITED</b>	<input type="checkbox"/>	<b>EXTENDED</b>	<input type="checkbox"/>	<b>BROAD</b>	<input type="checkbox"/>	<b>GENERAL</b>

<b>8. TANGIBLE BENEFITS (IN TABLE BELOW COMPUTE</b>							
ITEM	LABOR			MATERIAL			TOTAL (LABOR AND MATERIALS)
	MAN HOURS PER	DOLLARS PER	TOTAL	UNITS PER	COST PER UNIT	TOTAL	
<b>A. FORMER METHOD</b>							
<b>B. NEW METHOD</b>							
<b>C. SAVINGS</b>							

<b>9. JUSTIFICATION (BRIEFLY DESCRIBE HOW EMPLOYEE WAS EXEMPLARY, I.e., EXCEEDED JOB REQUIREMENTS, ACT OF HEROISM, ETC.)</b>			
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<b>10. SUPERVISOR'S SIGNATURE</b>			<b>11. DATE</b>	
<b>12. DEPARTMENT DIRECTOR'S/SPECIAL ASSISTANT'S REVIEW</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<b>13. DEPARTMENT DIRECTOR'S/SPECIAL ASSISTANT'S SIGNATURE</b>		<b>14. DATE</b>
<b>16. COMMANDING OFFICER'S REVIEW (IF OVER \$750 OR 8 HRS)</b> <input type="checkbox"/> APPROVED \$ <input type="checkbox"/> DISAPPROVED		<b>17. COMMANDING OFFICER'S SIGNATURE</b>		<b>15. N8 INITIAL</b>
		<b>18. ACTIVITY</b>		<b>19. DATE</b>

<b>20. HRO INTERNAL USE ONLY</b>	
<b>21. DATE RECEIVED BY HRO</b>	<b>22. ACTION FORWARDED TO PAYROLL</b>