

RECOMMENDATION FOR INCENTIVE AWARD OR QUALITY SALARY INCREASE					DATE	
I. <i>(TO BE COMPLETED BY OPERATING OFFICE)</i>						
1. TYPE OF RECOGNITION RECOMMENDED						
2. BASIS FOR RECOMMENDATION <i>(See reverse under 'Evidence of Superior or Outstanding Achievement')</i>						
<input type="checkbox"/> SUPERIOR PERFORMANCE	PERIOD	<input type="checkbox"/> SPECIAL ACT OR SERVICE	DATE OF ACT OR DATE CONTRIBUTION PUT INTO USE			
3. LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Mr., Mrs., Ms.)</i>			4. PRESENT POSITION TITLE, GRADE, STEP AND SALARY			
5. COMMAND, INSTALLATION AND LOCATION			6. ORGANIZATION			
7. POSITION TITLE, GRADE AND SALARY DURING PERIOD OF RECOMMENDATION <i>(If other than item 4)</i>			8. HOME ADDRESS <i>(Include zip code)</i>			
9. SIGNATURE AND TITLE OF IMMEDIATE SUPERVISOR <i>(Telephone Ext.)</i>			10. SIGNATURE AND TITLE OF APPROVING OPERATING OFFICIAL			
II. <i>(TO BE COMPLETED BY TECHNICIAN PERSONNEL OFFICE)</i>						
TYPE AND DATE OF INCENTIVE AWARD(S) OR DATE OF QUALITY INCREASE(S) PREVIOUSLY GRANTED <i>(except length of service)</i>						
III. <i>(TO BE COMPLETED BY LOCAL AWARDS COMMITTEE)</i>						
11. RECOMMENDED APPROVAL OF FOLLOWING AWARD(S)	<input type="checkbox"/> CASH	TOTAL AMOUNT	INITIAL	ADDITIONAL		
OTHER						
<input type="checkbox"/> INTANGIBLE BENEFITS		<input type="checkbox"/> TANGIBLE SAVINGS		ESTIMATED FIRST YEAR SAVINGS		
12. <input type="checkbox"/> DISAPPROVED*	SIGNATURE AND TITLE				DATE	
IV. <i>(TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY)</i>						
APPROVING AUTHORITY	ACTION		ADDITIONAL CASH AWARD		SIGNATURE AND TITLE	DATE
	APPR	DISAP*	APPROVED	RECOMMENDED		
LOCAL COMMANDER						
STATE AWARDS COMMITTEE						
ADJUTANT GENERAL						
NGB INCENTIVE AWARDS BOARD						
<i>(NOTICE TO EMPLOYEES)</i>						
UPON ACCEPTANCE OF CASH AWARDS, THE USE OF THIS CONTRIBUTION BY THE UNITED STATES SHALL NOT FORM THE BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE UNITED STATES BY YOU, YOUR HEIRS OR ASSIGNS.						
*Attach Explanation						