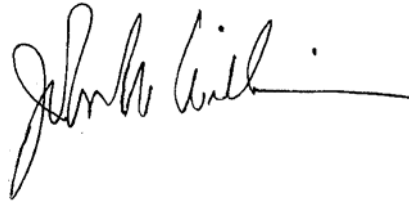


For: FFAS Employees

Gainsharing Travel Savings Program

Approved by: Deputy Administrator, Management



1 Overview

A Background

Since August 2004, FFAS has participated in a Gainsharing Travel Savings Program designed to reward employees who save the Government money while on temporary duty (TDY) travel. FAS management:

- adopted this program for a 6-month trial period
- in October 2005, decided to discontinue the program for all FAS employees.

B Purpose

This notice:

- continues the Gainsharing Travel Savings Program for FSA and RMA employees only
- informs employees, supervisors, and managers of the procedures to follow when using the program.

C Labor-Management Obligations

Where exclusive representation exists, bargaining may be requested to the extent allowed by applicable statutes. Where contract language already addresses these policies and procedures for bargaining unit employees, contract language prevails.

Disposal Date

January 1, 2007

Distribution

All FAS, FSA and RMA employees; State
Offices relay to County Offices

2 Gainsharing Travel Savings Program

A General

The Government Employees Incentive Awards Act, 5 U.S.C. 4501-4507, authorizes an agency to pay a cash award for “efficiency” or “economy”. FSA and RMA will continue rewarding employees who save the Government money from using either of the following:

- less expensive lodging
- frequent flyer benefits to purchase airline tickets for official travel.

Note: Employee participation in the program is optional.

B Types of Travel Covered

All TDY travel with lodging expenses, foreign and domestic, will be covered under this program.

Note: Only the 1st 30 calendar days of **extended** TDY travel (that is, a detail of more than 30 calendar days where a reduced per diem amount is required) can be counted as eligible for savings in the program.

C Lodging Savings

Employees who participate in the program can receive cash awards for incurring lodging expenses at a daily rate that is less than the maximum lodging rate for the locality under the lodging plus method.

- Awards will **not** be made to individual employees on travel where lodging was prepaid or prearranged and lower hotel rates were the result of contractual arrangements with the hotel.

Note: Any savings resulting from shared accommodations under such an arrangement do qualify for the travel savings award.

- Under the Federal Premier Lodging Value Program, GSA is pursuing reduced hotel rates through agreements with hotels in major cities.

Note: Lodging savings that are not eligible for the travel savings award program include:

- hotels in the program
- hotels under “preferred property” agreements.
- The amount of lodging savings must be reduced when excess transportation costs are incurred while staying at lodging more distant from the TDY site.

2 Gainsharing Travel Savings Program (Continued)

C Lodging Savings (Continued)

- When a room is shared while on official travel there will be a lodging savings.

Note: Employees should arrange to be billed separately. If separate bills are not possible, a daily rate must be determined for each employee. Divide the total lodging costs by the number of employees and the number of nights to arrive at a daily rate for each employee.

- All employees are encouraged to stay at a hotel that meets the requirements of the Hotel and Motel Fire Safety Act of 1990.

Note: Hotels in compliance are at www.usfa.fema.gov/hotel/index.htm.

- Lodging costs incurred on personal time, such as annual leave during official travel or any other type of personal preference travel used in connection with official travel, will not be counted as lodging savings under this program.
- Employees who stay with someone while on official travel and avoid lodging expenses will receive credit for **1/2 of the lodging rate** for the locality toward the travel savings cash award.
- Employees who incur additional transportation expenses must have those expenses deducted from their lodging savings.

Note: A determination must be made by the approving official that any transportation expenses incurred were excessive. **Examples of excess transportation costs** include, but are not limited to, the following:

- renting a vehicle, when a vehicle would not normally be rented at a TDY site, to travel to a place of free or reduced lodging
- when driving a privately-owned vehicle, driving 25 or more miles than would normally be traveled to/from the TDY site to obtain free or reduced lodging
- where a taxi fare incurred is 15 percent or more than what would normally be charged to obtain free or reduced lodging.

D Redemption of Frequent Flyer Benefits

Employees who obtain a free coach class ticket with frequent flyer benefits earned on official Government travel or personal travel are eligible for the travel savings award. Savings will be measured against the contract rate in effect at the time of the flight plus the applicable Travel Management Center (TMC) fee. If there is no contract rate, then the lowest available nonrestricted coach fare, plus the applicable TMC fee, will be used as the basis for measurement of the savings.

2 Gainsharing Travel Savings Program (Continued)

E Amount of Award

The amount of the award for each employee will be 50 percent of the savings on lodging expenses and the contract carrier airfare. Because Federal, State, local, and FICA taxes will be withheld on the award, the lowest minimum cumulative award that can be received is \$100.

F Criteria for Award

The cumulative savings **to the Government** must be at least \$200 before the employee is eligible to receive an award.

G Process and Responsibilities

Applicant will complete and submit AD-2036 (Exhibit 1) for all trips that show lodging savings or redemption of frequent flyer benefits.

- Each time the employee records savings, AD-2036 must be submitted to the traveler's Approving Official with the appropriate travel voucher.

Note: After review of the voucher and AD-2036, the Approving Official **will initial** AD-2036 by each trip.

- When the cumulative savings to the Government has reached at least \$200, the employee and his or her Approving Official **will sign** each AD-2036 that is submitted as supporting documentation for the award.
- All eligible employees must submit AD-2036's and AD-287-2's for the award in time for processing by HRD by August 16 of each year.

Note: AD-287-2 must be completed and signed by the Approving Official and submitted with supporting AD-2036 to HRD. See subparagraph I for distribution of forms. Any cumulative savings occurring after September 16 should be turned in as soon as possible after the end of the FY. If the \$200 criterion is not met before the end of the FY, it may be carried forward until it is met; however, the savings **must** be broken out by FY.

H Availability and Completion of Forms

AD-2036 will available at <http://165.221.16.90/dam/ffasforms/forms.html>. Instructions for completing the AD-2036 are in Exhibit 2. A sample AD 287-2 is located in Exhibit 3.

2 Gainsharing Travel Savings Program (Continued)

I Submission of Forms

The applicant shall send the original AD-2036, with AD-287-2, to:

USDA-FSA-HRD
ATTN: Audrey Armstrong
1400 Independence Ave SW
Stop 0595
Washington DC 20250-0595.

The Approving Official shall provide a copy of AD 287-2 to Budget Division so that funds can be transferred from the travel allotment to the awards allotment.

The travel savings data on AD-2036 will be used to generate a nationwide report on the Gainsharing Travel Savings Program.

Example of AD-2036, Gainshare Travel Savings Form

This is an example of a completed AD-2036.

This form is available electronically.
AD-2036
 (02-09-06)

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

GAINSHARE TRAVEL SAVINGS FORM

1. EMPLOYEE'S NAME (Last, First, Middle Initial)
 TRAVELER, HARRY

2. EMPLOYEE'S SOCIAL SECURITY NUMBER
 098-76-5432

3. INDICATE APPROPRIATE AGENCY (Check one of the following.)
☐ RMA ☒ FSA

4A. 1ST TRIP - TRAVEL AUTHORIZATION NUMBER: 4B. FEIMA NUMBER (or hotel/motel property number): 4C. APPROVING OFFICIAL'S INITIALS: 4D. FISCAL YEAR:

SAVINGS COMPUTATION:

	1st NIGHT Mon 09-01-2004	2nd NIGHT Tue 09-02-2004	3rd NIGHT Wed 09-03-2004	4th NIGHT Thu 09-04-2004	5th NIGHT	6th NIGHT	7th NIGHT
(1) Day of Week/Date (MM-DD-YYYY)							
(2) Maximum Lodging Rate	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$	\$	\$
(3) Minus Actual Lodging Cost	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$	\$	\$
(4) Minus Excessive Transportation	\$	\$	\$	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$	\$	\$
(6) Contract Carrier Cost	\$ 500.00	\$	\$	\$ 500.00	\$	\$	\$
(7) Frequent Flyer Benefits	\$ 400.00	\$	\$	\$ 400.00	\$	\$	\$
(8) Airfare Savings	\$ 100.00	\$	\$	\$ 100.00	\$	\$	\$
(9) Total Savings for Agency	\$ 110.00	\$ 10.00	\$ 10.00	\$ 110.00	\$	\$	\$

5A. 2ND TRIP - TRAVEL AUTHORIZATION NUMBER: 5B. FEIMA NUMBER (or hotel/motel property number): 5C. APPROVING OFFICIAL'S INITIALS: 5D. FISCAL YEAR:

SAVINGS COMPUTATION:

	1st NIGHT Mon 10-01-2004	2nd NIGHT Tue 10-02-2004	3rd NIGHT Wed 10-03-2004	4th NIGHT	5th NIGHT	6th NIGHT	7th NIGHT
(1) Day of Week/Date (MM-DD-YYYY)							
(2) Maximum Lodging Rate	\$ 100.00	\$ 100.00	\$ 100.00	\$	\$	\$	\$
(3) Minus Actual Lodging Cost	\$ 50.00	\$ 50.00	\$ 50.00	\$	\$	\$	\$
(4) Minus Excessive Transportation	\$ 30.00	\$ 30.00	\$ 30.00	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 20.00	\$ 20.00	\$ 20.00	\$	\$	\$	\$
(6) Contract Carrier Cost	\$	\$	\$	\$	\$	\$	\$
(7) Frequent Flyer Benefits	\$	\$	\$	\$	\$	\$	\$
(8) Airfare Savings	\$	\$	\$	\$	\$	\$	\$
(9) Total Savings for Agency	\$ 20.00	\$ 20.00	\$ 20.00	\$	\$	\$	\$

6A. 3RD TRIP - TRAVEL AUTHORIZATION NUMBER: 6B. FEIMA NUMBER (or hotel/motel property number): 6C. APPROVING OFFICIAL'S INITIALS: 6D. FISCAL YEAR:

SAVINGS COMPUTATION:

	1st NIGHT Mon 11-01-2004	2nd NIGHT Tue 11-02-2004	3rd NIGHT Wed 11-03-2004	4th NIGHT Thu 11-04-2004	5th NIGHT Fri 11-05-2004	6th NIGHT Sat 11-06-2004	7th NIGHT Sun 11-07-2004
(1) Day of Week/Date (MM-DD-YYYY)							
(2) Maximum Lodging Rate	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
(3) Minus Actual Lodging Cost	\$	\$	\$	\$	\$	\$	\$
(4) Minus Excessive Transportation	\$	\$	\$	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
(6) Contract Carrier Cost	\$ 250.00	\$	\$	\$	\$	\$	\$ 250.00
(7) Frequent Flyer Benefits	\$ 50.00	\$	\$	\$	\$	\$	\$ 50.00
(8) Airfare Savings	\$ 200.00	\$	\$	\$	\$	\$	\$ 200.00
(9) Total Savings for Agency	\$ 300.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 300.00

7. SUMMARY DATA

	1st TRIP (4A) Dollar Amt. of 1st-7th Night	2nd TRIP (5A) Dollar Amt. of 1st-7th Night	3rd TRIP (6A) Dollar Amt. of 1st-7th Night
a. Total Dollar Amount of Lodging Savings: (Enter Total of Items A(5))	\$ 40.00	\$ 60.00	\$ 700.00
b. Total Dollar Amount of Airfare Savings: (Enter Total of Items A(8))	\$ 200.00	\$	\$ 400.00
c. Total Dollar Amount of Savings for Agency: (Enter Total of Items A(9))	\$ 240.00	\$ 60.00	\$ 1,100.00
d. Summary Total: (Enter the Total of all Item 7c Dollar Amounts from 1st, 2nd and 3rd Trips)	\$ 1,400.00		
e. Total Dollar Amount Awarded to Employee: (Enter 50% of Total Dollar Amount from Item 7d)	\$ 700.00		
8A. EMPLOYEE SUPERVISOR'S NAME	8B. EMPLOYEE SUPERVISOR'S TELE. NO. (Area Cd.)		

9A. EMPLOYEE'S SIGNATURE 9B. DATE (MM-DD-YYYY) 9C. TELEPHONE NO. (Area Code) 9D. EMPLOYEE'S OFFICE LOCATION (Include Branch/Division)

10A. AGENCY APPROVING OFFICIAL'S SIGNATURE 10B. DATE (MM-DD-YYYY) 10C. TITLE OF APPROVING OFFICIAL

NOTE: SUBMIT THIS FORM WITH THE APPROPRIATE VOUCHERS AND FORM AD-287-2, RECOMMENDATION AND APPROVAL OF CASH AWARD OR QUALITY INCREASE, TO SUPERVISOR FOR APPROVAL.

Instructions for Completing AD-2036

Up to 3 trips may be recorded on each AD-2036. When lodging savings or redemption of frequent flyer benefits are realized for a trip, record the trip on AD-2036 and submit it with the appropriate voucher to the Approving Official. The employee and the Approving Official will sign and date each AD-2036 **when a minimum of \$200 in savings for the Government** is accumulated.

AD-287-2 (Exhibit 3) may then be prepared and sent to HRD, **with a copy to the appropriate Travel Coordinator.**

Complete AD-2036 according to the following table.

Item	Instructions
1	Enter employee's name (last, first, and middle initial).
2	Enter employee's Social Security number.
3	Enter a checkmark in the checkbox to indicate the appropriate agency.
	Table Authorization
4A - 6A	Enter the 1st, 2nd, or 3rd trip travel authorization number.
4B - 6B	Enter FEMA or property number for the hotel/motel identified on the Hotel and Motel Fire Safety Act of 1990 National Master List. The Hotel and Motel Fire Safety Act of 1990 National Master List is at www.usfa.fema.gov/hotel/index.htm .
4C - 6C	Enter approving official's initials.
4D - 6D	Enter FY in which savings occurred for each trip. If 1 trip crosses FY's, enter the savings for the 1st FY as 1 trip and the savings for the second FY as another trip.
	Savings Computation for 1st, 2nd, and 3rd Trip
(1)	Enter day of the week and date for each night of lodging a savings was realized.
(2)	Enter maximum lodging rate for the TDY locality for each night's lodging. Note: In the example, \$100 was recorded for Monday for the 1st night of the 1st trip.
(3)	Enter actual lodging costs for each night's lodging. Employees may avoid all lodging costs by staying with friends or relatives.
(4)	Enter any excessive transportation costs incurred when the lodging is more distant from the TDY site. A determination must be made by the approving official that any transportation expenses incurred were excessive. Refer to subparagraph 2 C for examples of excess transportation costs.
(5)	Enter the actual lodging expenses and any excessive transportation expenses that are deducted from the maximum lodging rate for each night to arrive at the net lodging savings for the Government.
(6)	If frequent flyer benefits are being realized, enter the cost of the contract carrier or lowest coach fare available for the airline cost.
(7)	Enter frequent flyer benefits redeemed. Note: In the example, the traveler did not fly on the 1st trip and the traveler received a ½-price ticket for the 2nd trip.
(8)	Enter the calculated airfare savings.
(9)	Enter the total calculated savings for the Government.

Instructions for Completing AD-2036 (Continued)

Item	Instructions
	Summary Data
7a	Enter total dollar amount of lodging savings. Enter the total items 4A(2), 5A(2), and 6A(2) for the 1st, 2nd, or 3rd trip recorded.
7b	Enter total dollar amount of airline savings. Enter the total items 4A(8), 5A(8), and 6A(8) for the 1st, 2nd, or 3rd trip recorded.
7c	Enter total dollar amount of savings for Agency. Enter the total items 4A(9), 5A(9), and 6A(9) for the 1st, 2nd, or 3rd trip recorded.
7d	Enter total dollar amount of award to employee.
7e	Enter summary totals.
8A	Enter name of employee's supervisor.
8B	Enter telephone number, including area code, of employee's supervisor.
	Employee and Agency Approving Signatures
9A	Enter employee's signature.
9B	Enter date (MM-DD-YYYY) the employee entered his or her signature.
9C	Enter employee's telephone number, including area code.
9D	Enter employee's office location, including the Branch and Division.
10A	Enter signature of the Agency Approving Official.
10B	Enter date the Agency Approving Official signed the AD-2036.
10C	Enter title of the Agency Approving Official.

Note: Submit AD-2036 with the appropriate vouchers and AD-287-2 to supervisor for approval.

Example of AD-287-2, Recommendation and Approval of Awards

This is an example of a completed AD-287-2.

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE RECOMMENDATION & APPROVAL OF AWARDS				CASE NO. (Personnel Use Only)	
NOTE: For group awards, attach list of group members. Show data in Items 2-9, and award amount for each payee.					
1. AGENCY USDA- (Agency)			2. NAME OF EMPLOYEE (Last, first, middle initial) Traveler, Fred		
3. SOCIAL SECURITY NO. XXX-XX-XXXX		4. POSITION TITLE Staff Accountant		5. PAY PLAN-SERIES/GRADE/STEP GS-12/4	
6. ORGANIZATION AND LOCATION FOSD, FSB		7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 05/01/04 TO: 05/31/04		8. ACCOUNTING CODE (Enter approp. code & OBOC 1110)	
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address):			(ADDRESS)		
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date) DO NOT COMPLETE					
11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS (This language will appear on the employee's certificate.) EMPLOYEE IS BEING RECOGNIZED FOR: DO NOT COMPLETE					
COMPLETE THE APPROPRIATE AWARD SECTION					
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (Check one) <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION* <input type="checkbox"/> EXTRA EFFORT AWARD* <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD** <input type="checkbox"/> OTHER* <input type="checkbox"/> KEEPSAKE AWARD <input checked="" type="checkbox"/> GAINSHARING AWARD				
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.				
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount/hours, or value of item) \$371.00	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) →	ESTIMATED FIRST YEAR SAVINGS <input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ DO NOT COMPLETE <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE VALUE OF BENEFITS APPLICATION DO NOT COMPLETE	
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (Check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD* <input type="checkbox"/> QUALITY STEP INCREASE* Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.				
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.				
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		
RECOMMENDATION AND APPROVAL					
20a. RECOMMENDING INDIVIDUAL (Signature)		DATE	20b. NAME AND TITLE (Print)		DATE
21a. REVIEWING OFFICIAL (Signature)		DATE	21b. NAME AND TITLE (Print)		DATE
22a. APPROVING OFFICIAL (Signature) /s/ Supervisor authorized to approve travel		DATE	22b. NAME AND TITLE (Print)		DATE
PERSONNEL USE ONLY					
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO (Grade and Step):	26. NEW SALARY	27. RATE
28. PAY RATE DETERMINANT CODE					
I certify that the proposed action is in compliance with statutory and regulatory requirements.			29. PERSONNEL OFFICIAL (Signature and Title)		DATE PROCESSED

This electronic version was designed using WordPerfect for Windows 6.1 by USDA-FSA.

Check applicable copy designation as shown below:
☐ ORIGINAL-Processing Copy ☐ 1st Copy-Official Personnel Folder ☐ 2nd Copy-Obligation Record ☐ 3rd Copy-Employee Copy

Form AD-287-2 (7/94)