

For: State and County Offices

FY 2003 Awards Program

Approved by: State Executive Director



1 Overview

A Background

As part of a Department wide initiative, FSA adopted the Service Center Common Policies Awards Program for employee recognition. All employees are eligible for awards under conditions of the new policy which is explained in 7-PM (Rev. 7), Exhibit 5.

B Purpose

This notice provides additional information relating to the Oklahoma FSA Awards Program for FY 2003.

Disposal Date	Distribution
July 1, 2003	County Offices

OK Notice PM-1375

2 Instructions

A Limitations

Not all aspects of the policy will be implemented. Awards will be limited to cash, time off, quality step increases and keepsakes.

References to savings bonds and gift certificates are to be ignored.

Nominations shall be submitted on the AD-287-2 (Rev. 7/94)

For questions regarding this notice, please contact Jan Courtright at the State Office.

B AD-287-2

Award nominations are to be made on the AD-287-2 (Rev. 7/94) The Administrative Specialist shall be the reviewing official (Block 21). The SED will be the approving official (Block 22) for all awards. The SED title is to be entered in that block.

Follow Exhibits 1,2 and 3 of this notice for instructions on completion of the AD-287-2 except for the following blanks:

- Case: Leave blank, STO will assign
- Block 8: Accounting Code; leave blank
- Block 11: Enter the wording to appear in the certificate.

Written justification for employee awards shall be in narrative form. See 7-PM (Rev. 7), Exhibit 5, page 6

C Nomination Deadline

Nominations are to reach the state Office, Administrative Section by May 16, 2003.

Approved awards (CO and GS) will be processed by the STO for payment. County Offices do not process awards through NFC.

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)
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NOTE: For group awards, attach list of group members. Show data in Items 2-9, and award amount for each payee.

1. AGENCY <p style="text-align: center;">Farm Service Agency</p>	2. NAME OF EMPLOYEE (Last, first, middle initial) <p style="text-align: center;">Doe, John A</p>
3. SOCIAL SECURITY NO. <p style="text-align: center;">111-11-1111</p>	4. POSITION TITLE <p style="text-align: center;">PT</p>
5. PAY PLAN-SERIES/GRADE/STEP <p style="text-align: center;">GS or CO-1101-7</p>	6. ORGANIZATION AND LOCATION <p style="text-align: center;">County or State Office</p>
7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 10-01-01 TO: 09-30-02	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: (ADDRESS)	
<input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): _____	

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date)
List Awards if known

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:
Citation for Certificate

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"/> KEEPSAKE AWARD	<input type="checkbox"/> OTHER*		
* 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	14. TOTAL AWARD (Give dollar amount/hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box)	ESTIMATED FIRST YEAR SAVINGS	
		<input type="checkbox"/> MEASURABLE BENEFITS SCALE	\$	
		<input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS	APPLICATION

PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (Check one)		
	<input type="checkbox"/> PERFORMANCE BONUS AWARD*	<input checked="" 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	
05-01-95	03-09-03	\$	

RECOMMENDATION AND APPROVAL

20a. RECOMMENDING INDIVIDUAL (Signature)	DATE	20b. NAME AND TITLE (Print)	DATE
		Supervisor	
21a. REVIEWING OFFICIAL (Signature)	DATE	21b. NAME AND TITLE (Print)	DATE
		Jan Courtright, Administrative Spec.	
22a. APPROVING OFFICIAL (Signature)	DATE	22b. NAME AND TITLE (Print)	DATE
		Jim Reese, SED	

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 Word 2000 for Windows by USDA-FSA.

Form AD-287-2 (7/94)

Check applicable copy designation as shown below:

() ORIGINAL-Processing Copy () 1st Copy-Official Personnel Folder () 2nd Copy-Obligation Record () 3rd Copy-Employee Copy

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)
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3. SOCIAL SECURITY NO. <p style="text-align: center;">111-11-1111</p>	4. POSITION TITLE <p style="text-align: center;">PT</p>
5. PAY PLAN-SERIES/GRADE/STEP <p style="text-align: center;">GS or CO-1101-7</p>	6. ORGANIZATION AND LOCATION <p style="text-align: center;">County or State Office</p>
7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 04-01-02 TO: 07-31-02	8. ACCOUNTING CODE
9. IF AWARD APPROVED, MAIL CHECK TO: (ADDRESS)	
<input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): _____	
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date) List Awards if known	
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: Citation for Certificate	

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (Check one)			
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION*	<input checked="" type="checkbox"/> EXTRA EFFORT AWARD*	<input type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD**
	<input type="checkbox"/> KEEPSAKE AWARD	<input 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	14. TOTAL AWARD (Give dollar amount/hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box)	ESTIMATED FIRST YEAR SAVINGS
	1	\$500.00	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	\$
			<input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS APPLICATION
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
Nominator			
21a. REVIEWING OFFICIAL (Signature)	DATE	21b. NAME AND TITLE (Print)	DATE
Jan Courtright, Administrative Spec.			
22a. APPROVING OFFICIAL (Signature)	DATE	22b. NAME AND TITLE (Print)	DATE
Jim Reese, SED			

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
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9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): _____	

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	<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> SPOT AWARD	
	<input checked="" type="checkbox"/> TIME OFF AWARD*		<input type="checkbox"/> OTHER*	
	<input 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 <p style="text-align: center;">1</p>	14. TOTAL AWARD (Give dollar amount/hours, or value of item) <p style="text-align: center;">20 hours</p>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box)	ESTIMATED FIRST YEAR SAVINGS
			<input type="checkbox"/> MEASURABLE BENEFITS SCALE	\$
			<input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS APPLICATION
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