

For: FSA Offices

FSA FY 1998 Superior Accomplishment Awards Program

Approved by: Acting Deputy Administrator, Management



1 Overview

**A
Background**

Notice PM-2006 authorized Quality Step Increases, Performance Bonus Awards, and Time Off Awards (TOA) for employee's rated "Outstanding" for FY 1997.

This notice authorizes recognition of one-time contributions in FY 1998 in the form of Superior Accomplishment (Extra Effort, Spot Cash, and Time Off) Awards.

**B
Purpose**

This notice:

- establishes the FSA FY 1998 Superior Accomplishment Awards Program to recognize the FY 1998 one-time contributions of FSA employees
- provides an overview of available awards and approval authority for FSA employees
- informs supervisors and managers of the procedures to follow when nominating employees for Superior Accomplishment Awards.

**C
Nomination
Deadline**

The deadline for nominations to reach the servicing personnel office (SPO) or State Office is September 4, 1998.

Any employee may make a nomination.

**D
Labor Relations
Obligations**

Where exclusive representation exists, this notice does not apply until bargaining takes place. Where contract language addresses these policies and procedures for bargaining unit employees, contract language prevails.

Disposal Date	Distribution
October 1, 1999	All FSA Offices; State Offices relay to County Offices

Notice PM-2029

2 FY Awards Guidance

A FSA FY 1998 Awards

The FSA FY 1998 Superior Accomplishment Awards Program:

- makes available Superior Accomplishment Awards as a means of recognizing the one-time contributions of FSA employees

Note: Offices are encouraged to develop their own “employee of the month” type award programs to supplement recognition of the individual contributions of their employees.

- does **not** cover recognition based on an employee’s FY 1997 or FY 1998 performance appraisal.

Notes: Recognition based on FY 1997 performance appraisals is covered by Notice PM-2006.

Recognition based on FY 1998 performance appraisals will be addressed in a future directive.

3 Superior Accomplishment Awards

A Definitions

A Superior Accomplishment Award is an award given in recognition of an employee contribution in the public interest, connected with or related to official employment, which contributes to the efficiency, economy, or other improvement of Government operations, or achieves a significant reduction in paperwork. The contribution must be measurable, demonstrating either tangible benefits and/or intangible benefits to the Government.

Extra Effort, Spot Cash, and Time Off Awards are all examples of Superior Accomplishment Awards. Suggestion Awards, a type of Superior Accomplishment Award, are covered by 7-PM.

An Extra Effort Award is a type of Superior Accomplishment Award that, for Federal employees, is processed through NFC, generating a payment to the employee in the amount of the award, less taxes and other withholdings. For non-Federal County Office employees, taxes and withholdings are subtracted before the County Office issues the payment. In either case, a gross award of \$500 might result in a net payment of \$350 to the recipient.

Continued on the next page

3 Superior Accomplishment Awards (Continued)

A

Definitions (Continued)

A Spot Cash Award is a type of Superior Accomplishment Award that is given for contributions that do not meet the level of those necessary for an Extra Effort Award.

- For National Office, KCMO, KCCO, St. Louis Finance Office, and APFO employees, the funds for a Spot Cash Award come from the local imprest fund, not from NFC. The imprest fund does not deduct taxes and other withholdings from the award, so the employee receives the full amount of the award. When the personnel action is processed through NFC, NFC does not generate a check, but they do increase the amount of the employee's earnings to include taxes and other withholdings that the employee has not yet paid.

Example: A \$200 Spot Cash Award might show up as a \$260 increase to the employee's earnings.

- For State Offices and all other Federal employees not listed in this subparagraph, Spot Cash Awards for Federal employees are processed through NFC. As with the Extra Effort Award, taxes and other withholdings are subtracted by NFC before payment.
- Non-Federal County Office employees receive their money by County Office payment. As with the Extra Effort Award, taxes and other withholdings are subtracted before the payment is issued.

A Time Off Award (TOA) is a type of Superior Accomplishment Award that is an excused absence, without charge to leave or loss of pay, that may be used, either alone or with a monetary award to recognize one-time contributions.

B

Eligibility

All FSA employees, Federal and non-Federal County Office, are eligible for Superior Accomplishment Awards, except political appointees at the GS-13 and above level, such as:

- Executive Schedule
- non-career Senior Executive Service (SES)
- Schedule C employees.

Career SES and intermittent employees are ineligible for TOA's.

Continued on the next page

Notice PM-2029

3 Superior Accomplishment Awards (Continued)

C

Restrictions

The following table lists the maximum amount a full-time employee may receive for the various types of Superior Accomplishment Awards.

Type of Award	Maximum Amount for a Single Award	Maximum Amount for FY 1998
Extra Effort Award	\$500	\$500
Spot Cash Award	\$250	\$250
TOA	40 hours	80 hours

The maximum amount an employee may receive in total Superior Accomplishment Awards in FY 1998 is:

- \$750 (\$500 in Extra Effort Awards and \$250 in Spot Cash Awards)
- 80 hours (in TOA).

There is no limit on the number of Superior Accomplishment Awards an individual employee may receive.

Example: An employee may receive:

- Extra Effort Awards of \$300 and \$200 (total \$500) and Spot Cash Awards of \$100 and \$150 (total \$250), totaling \$750
- TOA's of 40, 25, and 15 hours (total 80 hours).

Notification of award limitations will be issued to all offices informing them of the amount of funds available for the program areas' Superior Accomplishment Awards for FY 1998. Offices shall not exceed their limitation/allocation and shall obligate and pay the award funds before the end of FY 1998.

D

Approval Levels and Approving Officials

The approving official for Extra Effort Awards and TOA's of **more than 1 workday** is the employee's:

- Deputy Administrator for National Office employees
- SED for State and County Office employees
- Director in KCMO, KCCO, St. Louis Finance Office, and APFO
- Administrator for employees of the Administrator's staff.

Continued on the next page

3 Superior Accomplishment Awards (Continued)

D

Approval Levels and Approving Officials (Continued)

Spot Cash Awards and TOA's of **up to 1 workday** may be approved by the employee's first line supervisor. Superior Accomplishment Awards shall be approved by an official in the Agency who is at a higher level than the recommending individual. Therefore, if 1 of the approving officials in this subparagraph is the recommending individual, the award must be approved at a higher level.

Note: Superior Accomplishment Awards for political appointees at the GS-12 and below level shall be recommended by the Administrator, reviewed by the Under Secretary, and approved by the Deputy Secretary.

Approving officials are responsible for monitoring their awards expenditures to ensure that they do not exceed their limitation.

E

Determining Award Amounts

The amount of a Superior Accomplishment Award shall be based on the tangible or intangible benefits of the employee's contribution.

- If the benefits are tangible, the amount of the award shall be 1 percent of the benefits, up to the maximum of \$500.
 - If the benefits are intangible, the recommending individual and the approving official, when appropriate, shall refer to Exhibit 1 to determine the amount of the award.
-

F

Documenting Superior Accomplishment Awards

Document Superior Accomplishment Awards:

- on AD-287-2
- with a brief, type-written justification attached to AD-287-2.

See Exhibit 2 for examples of Superior Accomplishment Award nominations.

G

Group Awards

When determining dollar amounts for individuals in a group nomination, the recommending individual shall identify and base the amount on each employee's contribution using Exhibit 1.

H

Linkage to Promotion

Due weight shall be given to Superior Accomplishment Awards, as with all other awards, when rating an employee for promotion.

Notice PM-2029

4 Processing Extra Effort Awards for Federal Employees

A

Recommending Individual's Responsibilities

Anyone, not just the recipient's supervisor, may be the recommending individual. The recommending individual shall take the following steps to nominate an employee for an Extra Effort Award.

Step	Action
1	Prepare a written justification.
2	Complete AD-287-2. Note: Sign and date AD-287-2 in item 20. Example: See Exhibit 2 for an example of a completed AD-287-2.
3	Send the written justification and AD-287-2 to the approving official. See subparagraph 3 D.

B

Approving Official Responsibilities

The approving official shall review the Extra Effort Award nomination and make 1 of the following decisions.

IF approving official...	THEN...
approves nomination	<ul style="list-style-type: none"> • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to SPO (HRD for National Office employees and KCMO for Field Office employees).
disapproves nomination	attach note to nomination and return to recommending individual.
modifies and approves nomination	<ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to SPO.

Continued on the next page

Notice PM-2029

4 Processing Extra Effort Awards for Federal Employees (Continued)

C

SPO Responsibilities After receiving the award nomination from the approving official, SPO shall take the following action.

Step	Action
1	Review award nomination to ensure compliance with guidelines in this notice, and ensure that no adverse actions are pending against the employee. If adverse actions are pending, the approving official will be notified.
2	<ul style="list-style-type: none">• Assign a case number according to subparagraph F.• Enter the case number on AD-287-2, in the “Case No.” block.
3	Sign and date AD-287-2 in item 29.
4	Forward nomination for processing.

D

Processing Section Responsibilities

The processing clerk shall:

- process award nomination information according to NFC instructions to generate SF-50
- complete AD-287-2, item 24
- file OPF copy of AD-287-2 and justification in Employee’s Performance File
- return remaining award nomination documents to SPO.

Continued on the next page

4 Processing Extra Effort Awards for Federal Employees (Continued)

E

**SPO
Responsibilities
After Return**

Upon return of the award nomination from processing, SPO shall send the **recommending individual** the Employee Copy of AD-287-2, with a copy of the justification.

F

**Case Number
Designation**

SPO shall keep a record of all Extra Effort Awards for reporting purposes. Each nomination shall be assigned an alphanumeric number consisting of:

- prefix, according to Exhibit 3
- last 2 digits of FY (98)
- letter “E” to describe Extra Effort Award type
- 3-digit number which shall be in consecutive order, starting with “001”, at the beginning of each FY.

Example: HQ-98-E-001

Notice PM-2029

5 Processing Extra Effort Awards for Non-Federal County Office Employees

A

Recommending Individual's Responsibilities

Anyone, not just the recipient's supervisor, may be the recommending individual. The recommending individual shall take the following steps to nominate an employee for an Extra Effort Award.

Step	Action
1	Prepare a written justification.
2	Complete AD-287-2. Note: Sign and date AD-287-2 in item 20. Example: See Exhibit 2 for an example of a completed AD-287-2.
3	Send the written justification and AD-287-2 to the approving official. See subparagraph 3 D.

B

Approving Official Responsibilities

The approving official shall review the Extra Effort Award nomination and make 1 of the following decisions.

IF approving official...	THEN...
approves nomination	<ul style="list-style-type: none"> • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to State Office Administrative Officer.
disapproves nomination	attach note to nomination and return to recommending individual.
modifies and approves nomination	<ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to State Office Administrative Officer.

Continued on the next page

Notice PM-2029

5 Processing Extra Effort Awards for Non-Federal County Office Employees (Continued)

C

State Office Responsibilities After receiving the award nomination from the approving official, Administrative Officer shall take the following action.

Step	Action
1	Review award nomination to ensure compliance with guidelines in this notice and ensure that no adverse actions are pending against the employee. If adverse actions are pending, the approving official will be notified.
2	<ul style="list-style-type: none">• Assign a case number according to subparagraph E.• Enter the case number on AD-287-2, in the "Case No." block.
3	Sign and date AD-287-2 in item 29.
4	Forward approved nomination to the headquarters County Office for processing.

D

County Office Responsibilities County Office shall:

- prepare an administrative payment for the amount of the award, using the transaction code "CA"

Notes: Federal and other applicable withholdings must be calculated and entered into the system. See 115-FI (Rev. 4), paragraph 224 for complete instructions on issuing administrative payments.

If the employee receives his or her salary payment by check, a check will be printed when the administrative payment is processed. If the employee has elected to receive their salary payment by direct deposit, this payment will be direct deposited into the employee's account.

- complete AD-287-2, item 24
- file OPF copy of AD-287-2 and justification in employee's OPF
- return remaining award nomination documents to the State Office.

Continued on the next page

Notice PM-2029

5 Processing Extra Effort Awards for Non-Federal County Office Employees (Continued)

E

**Case Number
Designation**

SPO shall keep a record of all Extra Effort Awards for reporting purposes. Each nomination shall be assigned an alphanumeric number consisting of:

- prefix, according to Exhibit 3
- last 2 digits of FY (98)
- letter “E” to describe Extra Effort Award type
- 3-digit number which shall be in consecutive order, starting with “001”, at the beginning of each FY.

Example: VA-98-E-001

6 Processing Spot Cash Awards for Federal Employees

A

**Recommending
Individual’s
Responsibilities**

Anyone, not just the recipient’s supervisor, may be the recommending individual. The recommending individual shall take the following steps to nominate an employee for a Spot Cash Award.

Step	Action
1	Prepare a written justification.
2	Complete AD-287-2. Note: Sign and date AD-287-2 in item 20, . Example: See Exhibit 2 for an example of a completed AD-287-2.
3	Send the written justification and AD-287-2 to the approving official. See subparagraph 3 D.

Continued on the next page

Notice PM-2029

6 Processing Spot Cash Awards for Federal Employees (Continued)

B

Approving Official Responsibilities

The approving official shall review the Spot Cash Award nomination and make 1 of the following decisions.

IF approving official...	THEN...
approves nomination	<ul style="list-style-type: none"> • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to SPO (HRD for National Office employees and KCMO for Field Office employees).
disapproves nomination	attach note to nomination and return to recommending individual.
modifies and approves nomination	<ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22 • prepare a certificate of merit and attach to award nomination <ul style="list-style-type: none"> • for National Office employees, forward nomination to FMD • for KCMO, KCCO, St. Louis Finance Office, and APFO employees, forward nomination to the appropriate imprest fund certification officer • for State and County Office employees, forward nomination directly to processing (see subparagraph E).

C

FMD/Certification Officer Responsibilities

FMD/certification officer shall process Spot Cash Awards, approved on AD-287-2, as imprest fund transactions.

- The imprest fund processor shall review the information for accuracy, record the accounting code of the recommending office in item 8, and verify the total award in item 14.
- The imprest fund certifying officer shall certify by signature and date in item 29.
- The imprest fund processor shall keep a copy of the certified AD-287-2 for files, send the original award nomination documents to SPO, and send the **recommending individual** the Employee Copy of AD-287-2, with a copy of the justification.

Continued on the next page

Notice PM-2029

6 Processing Spot Cash Awards for Federal Employees (Continued)

D

SPO Responsibilities After receiving the original award nomination documents from FMD/certification officer, SPO shall take the following action.

Step	Action
1	<ul style="list-style-type: none">• Assign a case number according to subparagraph G.• Enter the case number on AD-287-2, in the “Case No.” block.
2	Sign and date AD-287-2 in item 29.
3	Forward nomination for processing.

E

Services Unit or Processing Section Responsibilities The processing clerk shall:

- process award nomination information according to NFC instructions to generate:
 - SF-50 for National Office, KCMO, KCCO, St. Louis Finance Office, and APFO employees
 - payment for State and County Office employees
- complete AD-287-2, item 24
- file OPF copy of AD-287-2 and justification in Employee’s Performance File
- for State and County Office employees, send the **recommending individual** the Employee Copy of AD-287-2, with a copy of the justification.

Continued on the next page

Notice PM-2029

6 Processing Spot Cash Awards for Federal Employees (Continued)

**F
Recommending
Individual's
Responsibilities
After Approval**

In National Office, KCMO, KCCO, St. Louis Finance Office, and APFO, upon receipt of the approved award from SPO, the recommending individual shall:

- call that office's imprest fund to ensure that funds are available that day
- arrange for the certificate of merit to be presented in an appropriate setting
- make arrangements for an authorized official to withdraw the money from the local imprest fund.

Note: The money may be withdrawn by any authorized official, but it is recommended that the awardee collect their own money because if another employee collects the money from the imprest fund, that employee is personally liable for the money until it is delivered to the awardee.

In State and County Offices, the recommending individual shall arrange for the certificate of merit to be presented in an appropriate setting.

**G
Case Number
Designation**

SPO shall keep a record of all Spot Cash Awards for reporting purposes. Each nomination shall be assigned an alphanumeric number consisting of:

- prefix, according to Exhibit 3
- last 2 digits of FY (98)
- letter "C" to describe Spot Cash Award type
- 3-digit number which shall be in consecutive order, starting with "001", at the beginning of each FY.

Example: KC-98-C-001

Notice PM-2029

7 Processing Spot Cash Awards for Non-Federal County Office Employees

A

Recommending Individual's Responsibilities Anyone, not just the recipient's supervisor, may be the recommending individual. The recommending individual shall take the following steps to nominate an employee for a Spot Cash Award.

Step	Action
1	Prepare a written justification.
2	Complete AD-287-2. Note: Sign and date AD-287-2 in item 20. Example: See Exhibit 2 for an example of a completed AD-287-2.
3	Send the written justification and AD-287-2 to the approving official. See subparagraph 3 D.

B

Approving Official Responsibilities The approving official shall review the Spot Cash Award nomination and make 1 of the following decisions.

IF approving official...	THEN...
approves nomination	<ul style="list-style-type: none"> • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to State Office Administrative Officer.
disapproves nomination	attach note to nomination and return to recommending individual.
modifies and approves nomination	<ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22 • prepare a certificate of merit, attach to award nomination, and forward package to State Office Administrative Officer.

Continued on the next page

Notice PM-2029

7 Processing Spot Cash Awards for Non-Federal County Office Employees (Continued)

C

State Office Responsibilities After receiving the award nomination from the approving official, Administrative Officer shall take the following action.

Step	Action
1	Review award nomination to ensure compliance with guidelines in this notice and ensure that no adverse actions are pending against the employee. If adverse actions are pending, the approving official shall be notified.
2	<ul style="list-style-type: none">• Assign a case number according to subparagraph E.• Enter the case number on AD-287-2 in the “Case No.” block.
3	Sign and date AD-287-2 in item 29.
4	Forward approved nomination to the headquarters County Office for processing.

D

County Office Responsibilities County Office shall:

- prepare an administrative payment for the amount of the award using the transaction code “CA”

Notes: Federal and other applicable withholdings must be calculated and entered into the system. See 115-FI (Rev. 4), paragraph 224 for complete instructions on issuing administrative payments.

If the employee receives his or her salary payment by check, a check will be printed when the administrative payment is processed. If the employee has elected to receive their salary payment by direct deposit, this payment will be direct deposited into the employee’s account.

- complete AD-287-2, item 24
- file OPF copy of AD-287-2 and justification in employee’s OPF
- forward remaining award nomination documents to the State Office.

Continued on the next page

Notice PM-2029

7 Processing Spot Cash Awards for Non-Federal County Office Employees (Continued)

E

**Case Number
Designation**

State Office shall keep a record of all Spot Cash Awards for reporting purposes. Each nomination shall be assigned an alphanumeric number consisting of:

- prefix, according to Exhibit 3
- last 2 digits of FY (98)
- letter “C” to describe Spot Cash Award type
- 3-digit number which shall be in consecutive order, starting with “001” at the beginning of each FY.

Example: KS-98-C-001

8 Processing TOA's

A

**Recommending
Individual
Responsibilities**

Anyone, not just the recipient’s supervisor, may be the recommending individual. The recommending individual shall take the following steps to nominate an employee for TOA.

Step	Action
1	Prepare a written justification.
2	Complete AD-287-2. Note: On AD-287-2: <ul style="list-style-type: none">• item 10, enter the total number of TOA hours previously awarded and the effective date of each TOA• item 20, sign and date. Example: See an example of a completed AD-287-2 in Exhibit 2.
3	Send the written justification and AD-287-2 to the approving official.

Continued on the next page

8 Processing TOA's (Continued)

B

Approving Official Responsibilities The approving official shall take the following steps.

Step	Action	
1	Review TOA nomination and make 1 of the following decisions.	
	IF approving official...	THEN...
	approves nomination	sign and date AD-287-2 in item 22.
	disapproves nomination	attach note to nomination and return to recommending employee.
	modifies and approves nomination	<ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22.
2	Return nomination to recommending individual for further processing.	

Continued on the next page

Notice PM-2029

8 Processing TOA's (Continued)

C

Recommending Individual Responsibilities

Upon return of award nomination from the approving official, the recommending individual shall do either of the following.

IF...	THEN...
approved	forward the nomination for processing.
disapproved	keep 1 copy of AD-287-2 and justification.

The recommending individual shall use this table for determining additional action needed.

IF the nominee is a...	THEN the recommending individual shall...
Federal employee	<p>upon return of the award nomination from processing, distribute the completed award nomination as follows:</p> <ul style="list-style-type: none"> • send the employee's supervisor the following: <ul style="list-style-type: none"> • AD-287-2 (Employee Copy) • copy of justification • FSA-958 (Exhibit 4) <p>Note: Provide supervisor with TOA instructions and guidelines to ensure proper scheduling and use of TOA.</p> <ul style="list-style-type: none"> • reviewing official shall keep 1 copy of AD-287-2 and justification for award reporting purposes.
County Office non-Federal employee	<ul style="list-style-type: none"> • complete AD-287-2, Personnel Use Only section • keep 1 copy of AD-287-2 and justification for award reporting purposes • forward remaining approved nomination to the County Office for final processing. <p>Note: For CED's, file OPF copy of AD-287-2 and justification in employee's OPF. Forward remaining information to the County Office.</p>

Continued on the next page

8 Processing TOA's (Continued)

D
Services Unit or
Processing
Section
Responsibilities

The processing clerk shall:

- assign a case number according to subparagraph F
- process award nomination information according to NFC instruction to generate SF-50

Note: The following Nature of Action (NOA) and authority for TOA's have been added to NFC tables and shall be used to process these awards:

NOA: 872/Time Off Award
Authority: V3E/5 U.S.C. 4502 (e)

- complete AD-287-2, item 24
 - file OPF copy of AD-287-2 and justification in Employee's Performance File
 - forward remaining award nomination to recommending individual.
-

E
County Office
Responsibilities

After receiving the approved award nomination, the County Office shall:

- file OPF copy of AD-287-2 and justification in the employee's OPF
 - inform employee of award, including restrictions and usage, and provide employee with 1 copy of AD-287-2
 - follow procedures in this paragraph.
-

Continued on the next page

8 Processing TOA's (Continued)

F

**Case Number
Designation**

The reviewing official shall keep a record of all TOA's for reporting purposes. Each nomination shall be assigned an alphanumeric number consisting of:

- prefix of State or Field Office or "HQ" (Exhibit 3)
- last 2 digits of FY
- letter "T" to describe TOA award type
- 3-digit number which shall be in consecutive order, starting with "001" at the beginning of each FY.

County or State Example: MO-9X-T-001

Federal Example: KM-9X-T-001

9 General TOA Guidelines

A

**Scheduling and
Using TOA
Hours**

Use the following criteria to schedule and use TOA hours.

- TOA is effective on the first pay period after the reviewing official and approving official endorse TOA on AD-287-2.
 - **Schedule** and **use** TOA hours within **52** weeks from the effective date of the award.
-

Continued on the next page

9 General TOA Guidelines (Continued)

A
Scheduling and
Using TOA
Hours
(Continued)

- After the 52-week period, any unused time off will be **forfeited**.
 - Schedule and use time off hours in **whole hours**.
 - Employees shall use SF-71 (Exhibit 5) to request use of their TOA hours.
 - The supervisor shall approve or disapprove the specific date or dates that the employee wants to use TOA hours.
-

B
Transferring
TOA Hours

Use the following guidelines to determine whether an employee's TOA hours may be transferred.

- TOA hours shall not be transferred when an employee transfers from 1 Federal agency to another.
- An employee shall carry TOA hours from 1 position to another within FSA.

Example: County Office employee accepts a position in another County Office. TOA hours shall be transferred.

County Office employee accepts Federal position with an agency outside FSA. TOA hours shall not be transferred.

- Since TOA hours are not annual leave, offices shall not transfer TOA balance to an approved leave recipient under the Voluntary Leave Transfer Program.
-

C
Illness During
Time Off

When medical incapacitation occurs during a period of TOA time off, employees shall notify their supervisor. The supervisor may grant sick leave for the period of incapacitation.

Continued on the next page

10 Time and Attendance (T&A) Responsibilities for TOA's

**A
Supervisor's
Responsibilities**

Supervisors shall:

- notify employee of TOA, and include:
 - number of hours granted
 - instructions for recording, scheduling, and using TOA hours
 - TOA restrictions, such as:
 - requesting **use** of TOA hours in whole hours on SF-71
 - recording **use** of TOA hours on FSA-958 (Exhibit 4), KC-23-A (Exhibit 6), or RECD 301-02 (Exhibit 7) in the appropriate pay period
- ensure that TOA hours are taken within the **52-week period** of the effective date of TOA
- approve or disapprove use of TOA hours on SF-71.

Continued on the next page

Notice PM-2029

10 Time and Attendance (T&A) Responsibilities for TOA's (Continued)

**B
Timekeeper's
Responsibilities**

Timekeepers shall:

- maintain FSA-955 (Exhibit 8)
- Note:** Do not combine TOA hours granted. Each award must be tracked on a separate FSA-955.
- post TOA hours used on the appropriate T&A document (Exhibit 9) as follows:
 - use prefix 61, transaction code **66** for recording TOA hours for Federal employees
 - use category "Other" for recording TOA hours for County Office employees
 - in T&A "Remarks" section, enter "TOA used =" and the number of hours used during the current pay period
 - advise employee's supervisor when the use of TOA hours has been completed or when the employee's **52-week** period has expired
 - use the following table to assist in accurately recording TOA hours.

IF office is located in...	AND is using...	THEN TOA hours are recorded on...
1 of the following: <ul style="list-style-type: none"> • National Office • APFO • State Office 	PC-TARE	<ul style="list-style-type: none"> • FSA-958 (Exhibit 4) • T&A Entry Screen (Exhibit 9, subparagraph A).
1 of the following: <ul style="list-style-type: none"> • KCMO • KCCO • St. Louis Office 	PC-TARE	<ul style="list-style-type: none"> • KC-23-A (Exhibit 6) or RECD 301-02 (Exhibit 7) • T&A Entry Screen (Exhibit 9, subparagraph A).
State Office	System 36	<ul style="list-style-type: none"> • FSA-958 (Exhibit 4) • State Office T&A Screen GAF31801 (Exhibit 9, subparagraph B).
County Office	System 36	<ul style="list-style-type: none"> • FSA-134 (Exhibit 9, subparagraph C) • Screen NCB21202 (Exhibit 9, subparagraph D).

Continued on the next page

Notice PM-2029

10 Time and Attendance (T&A) Responsibilities for TOA's (Continued)

C

T&A

Coordinators

T&A questions should be addressed to the appropriate T&A coordinator.

IF employee is located in...	THEN contact...
National Office	Sally Reed at 202-418-9032 or TTY 202-418-9116.
1 of the following: <ul style="list-style-type: none">• State Office• KCCO• KCMO• APFO• St. Louis• County Office Federal employees	either of the following: <ul style="list-style-type: none">• Carolyn Layden at 816-926-6709• Myrna Highlander at 816-926-6184. <p>Note: The TTY telephone number is 816-926-3063.</p>
County Office non-Federal employees	Debbie Barker at 703-305-1309.

11 Reporting Requirements and Action

A

Annual Report

At the end of FY 1998, SPO (for Federal employees) and State Office (for non-Federal County Office employees) shall prepare and distribute to all serviced employees a report that includes the:

- name of each employee who received an award in FY 1998
- type of award (QSI, Extra Effort, Spot Cash, TOA, or non-monetary)
- accomplishments on which the award was based
- total number of recipients in each award category.

Note: Names of QSI recipients will only be released if SPO or the State Office has received a signed consent from the individual. The recipient's supervisor is responsible for ensuring that this is sent to SPO or the State Office.

Continued on the next page

Notice PM-2029

11 Reporting Requirements and Action (Continued)

B

Contacts

If there are questions about this notice, contact the appropriate office according to this table.

Location	Contact
County Office	State Office.
National Office	HRD, Performance Management, Benefits, and Awards Branch at 202-418-8975 or 202-418-8973 or TTY at 202-418-9116.
APFO KCCO KCMO St. Louis Finance Office State Offices	KCMO, Personnel Division, Employee Relations Branch at 816-926-6643 or TTY 816-926-6148.

Scale of Awards for Intangible Benefits

Use this table to complete AD-287-2, item 15.

Value of Benefit	Extent of Application			
	Limited	Extended	Broad	General
	Affects functions, mission, or employees of the following.			
	A Division, Office, State, or County	Several Divisions, Offices, States, or Counties	All Divisions or Field Offices	Department-wide or in the Public Interest Throughout US
Moderate means moderate change or modification of operating procedures meeting minimum standard for cash award, simple modification of methods, or limited service to the public.	\$50	\$50 to \$100	\$100 to \$150	\$150 to \$200
	1 to 10 TOA hours	1 to 10 TOA hours	1 to 10 TOA hours	1 to 10 TOA hours
Substantial means substantial change or modification of an operating procedure. An important improvement to value of a product, activity, program, or service to the public.	\$50 to \$100	\$100 to \$150	\$150 to \$200	\$200 to \$300
	11 to 20 TOA hours	11 to 20 TOA hours	11 to 20 TOA hours	11 to 20 TOA hours
High means major improvement, usually affecting major problems; major change in methods, or procedures.	\$100 to \$150	\$150 to \$200	\$200 to \$300	\$250 to \$400
	21 to 30 TOA hours	21 to 30 TOA hours	21 to 30 TOA hours	21 to 30 TOA hours
Exceptional means initiation of a new principle or major program. Superior improvement to the quality of a critical activity, program, or service to the public.	\$150 to \$200	\$200 to \$300	\$250 to \$400	\$300 to \$500
	31 to 40 TOA hours	31 to 40 TOA hours	31 to 40 TOA hours	31 to 40 TOA hours

Superior Accomplishment Award

A
Extra Effort
Award

Following is an example of AD-287-2 for an Extra Effort Award.

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 FSA		2. NAME OF EMPLOYEE (Last, first, middle initial) DOE, JOHN X.	
3. SOCIAL SECURITY NO. 123-45-6789		4. POSITION TITLE SECRETARY	
6. ORGANIZATION AND LOCATION X DIV, DAFP		5. PAY PLAN-SERIES/GRADE/STEP GS-7/4	
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 4/1/xx TO: 4/3/xx (ADDRESS)	
8. ACCOUNTING CODE (enter your office's code)			
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date) (list previous awards)			
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: EXCEPTIONAL SKILL AND ENERGY IN COMPLETING THE QUARTERLY PRODUCTION REPORTS.			
COMPLETE THE APPROPRIATE AWARD SECTION			
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"/> OTHER*			
<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 1			
14. TOTAL AWARD (Give dollar amount/hours, or value of item) \$300			
15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) →			
<input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ ESTIMATED FIRST YEAR SAVINGS <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE VALUE OF BENEFITS APPLICATION SUBSTANTIAL GENERAL			
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 4/3/xx			
19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$			
RECOMMENDATION AND APPROVAL			
20. RECOMMENDING INDIVIDUAL (Signature) /s/		DATE 4/3/xx	
TITLE DIRECTOR, X DIV		21. REVIEWING OFFICIAL (Signature) DATE	
22. APPROVING OFFICIAL (Signature and Title) /s/ DAFP DATE 4/7/xx			
PERSONNEL USE ONLY			
23. AGENCY CODE/POI	24. DATE EFFECTIVE	25. TO (Grade and Step): QUALITY STEP INCREASE: →	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.

Form AD-287-2 (7/94)

Continued on the next page

Superior Accomplishment Award (Continued)

B
Spot Cash
Award

Following is an example of AD-287-2 for a Spot Cash Award.

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 FSA		2. NAME OF EMPLOYEE (Last, first, middle initial) DOE, JOHN X.	
3. SOCIAL SECURITY NO. 123-45-6789		4. POSITION TITLE SECRETARY	
5. PAY PLAN-SERIES/GRADE/STEP GS-7/4		6. ORGANIZATION AND LOCATION X DIV, DAFLP	
7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 4/1/xx TO: 4/1/xx		8. ACCOUNTING CODE (leave blank)	
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) (list previous awards)			
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: COMPLETING THE PRODUCTION TABLES PROJECT AHEAD OF TIME AND WITHOUT ANY ERRORS.			
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"/> KEEPSAKE AWARD <input type="checkbox"/> EXTRA EFFORT AWARD* <input checked="" type="checkbox"/> SPOT AWARD <input 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 1	14. TOTAL AWARD (Give dollar amount/hours, or value of item) \$100	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) <input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE
ESTIMATED FIRST YEAR SAVINGS APPLICATION MODERATE EXTENDED			
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			
20. RECOMMENDING INDIVIDUAL (Signature) /s/		DATE 4/1/xx	21. REVIEWING OFFICIAL (Signature) DATE
TITLE DIRECTOR, X DIV		TITLE	
22. APPROVING OFFICIAL (Signature and Title) /s/ DAFLP		DATE 4/3/xx	
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.			

Form AD-287-2 (7/94)

Continued on the next page

Superior Accomplishment Award (Continued)

C
Time Off Award Following is an example of a completed AD-287-2 for TOA.

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 FSA		2. NAME OF EMPLOYEE (Last, first, middle initial) DOE, JOHN X.	
3. SOCIAL SECURITY NO. 123-45-6789		4. POSITION TITLE PROGRAM ASSISTANT	
6. ORGANIZATION AND LOCATION X C/O		5. PAY PLAN-SERIES/GRADE/STEP CO-7/4	
7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 4/1/xx TO: 4/10/x (ADDRESS)		8. ACCOUNTING CODE (enter your office's code)	
9. IF AWARD APPROVED, MAIL CHECK TO: <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 previous awards)			
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: EXCEPTIONAL SKILL AND PERFORMANCE IN COORDINATING THE NEW FARMER'S ASSISTANCE PROGRAM IN X COUNTY.			
COMPLETE THE APPROPRIATE AWARD SECTION			
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 checked="" type="checkbox"/> TIME OFF AWARD* * <input type="checkbox"/> OTHER*			
<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.			
EXTRA EFFORT AWARD	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount/hours, or value of item) 10	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) →
			<input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE
		ESTIMATED FIRST YEAR SAVINGS	<input type="checkbox"/> MODERATE <input type="checkbox"/> LIMITED
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.			
PERFORMANCE BONUS AWARD	17. DATE OF LAST PROMOTION /s/	18. DATE OF LAST WITHIN GRADE INCREASE 4/10/xx	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$
	RECOMMENDATION AND APPROVAL		
20. RECOMMENDING INDIVIDUAL (Signature) /s/		21. REVIEWING OFFICIAL (Signature) DATE	
TITLE CED, X C/O		TITLE	
22. APPROVING OFFICIAL (Signature and Title) /s/ SED			DATE 4/14/xx
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

Form AD-287-2 (7/94)

Continued on the next page

Superior Accomplishment Award (Continued)

D**Justification**

A justification for a Superior Accomplishment Award shall contain the following:

- description of the accomplishment
- explanation of how the accomplishment exceeded expectations

Example: Project completed ahead of schedule, overcame adverse obstacles, or displayed unusual creativity.

- description of the results.

Example: Savings in time, money, material, increased efficiency, or improved levels of cooperation.

Case Number Designations

State Office	Code	State Office	Code
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY
Montana	MT		
Other Office	Code	Other Office	Code
APFO	AP	National Office	HQ
KCMO	KM	KCCO	KO
St. Louis Finance Office	SL		

Example of FSA-958, Work Schedule Log

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FSA-958 U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency (08-06-91)	PRIVACY ACT STATEMENT Collection of your social security number is authorized by Executive Order 9397 and will be used solely for the purpose of positive identification. Furnishing this information is voluntary.		NAME OF EMPLOYEE JOHN DOB		SOCIAL SECURITY NO. 123-45-6789	
	WORK SCHEDULE LOG		YEAR 13 (6/27 - 7/10)		SCHEDULED WORK HOURS XX 8:00 - 4:30	

REGULAR TIME/ PAY STATUS LEAVE	FIRST WEEK HOURS							SECOND WEEK HOURS							TOTAL HOURS		
	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	WEEKONE	WEEK TWO	
(01) REGULAR TIME		8	8	8	8	8					8	8	8		1	40	24
(61) ANNUAL LEAVE															61		
(62) SICK LEAVE															62		
() OVERTIME																	
(66) Holiday									8								8
(66) Time Off																	8
NONPAY STATUS																	
(71) LWOP																	71
(32) COMP. TIME EARNED																	32
()																	

	FIRST WEEK TIMES			SECOND WEEK TIMES		
	REGULAR TIME	OVERTIME/COMP. TIME	CUT	REGULAR TIME	OVERTIME/COMP. TIME	CUT
SUN	IN	OUT		IN	OUT	
MON						
TUES						
WED						
THUR						
FRI						
SAT						

SIGNATURE OF EMPLOYEE	DATE	SUPERVISOR'S INITIALS	DATE	TIMEKEEPER'S INITIALS	DATE
-----------------------	------	-----------------------	------	-----------------------	------

Example of SF-71 for Requesting TOA Hours

SF 71 (Revised 3/79) OFFICE OF PERSONNEL MANAGEMENT FPM Supple. 990-2, § 2-9	<h3 style="margin: 0;">APPLICATION FOR LEAVE</h3>	71-112
INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.		
1. Name (Print or type—Last, First, M.I.) DEBIR, JIM R.		2. Employee I.D. Number 123-45-6789
3. Organizational Unit X C/Ø	4-A Month Day FROM: 07 06	Hour 8:00 A.M. P.M.
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input checked="" type="checkbox"/> Other. (Specify) Time Off Award		4-B Month Day TO: 07 06 Hour 4:30 P.M. 4-C Total Number of Hours 8
6. Remarks		
7. Employee's Signature /s/		8. Date (Month, Day, Year) 6/22/XX
OFFICIAL ACTION ON APPLICATION		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)
NSN 7540-00-753-5067		
Please detach this notice before submitting SF 71.		
PRIVACY ACT STATEMENT		
Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or		
(Continued on Reverse)		

Example of KC-23-A, Sign In/Sign Out Log

KC-23-A (7-8-98)		U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency						EMPLOYEE NAME							
SIGN IN/SIGN OUT LOG															
PAY PERIOD NO.		FROM (MM/DD/YY)				TO (MM/DD/YY)				OFFICE/DIVISION/BRANCH				YEAR	
TIME	FIRST WEEK							SECOND WEEK							
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
In															
Lunch															
Out															
CORE TIME 39.00 HOURS 3.00 HRS DEVIATION															
Out															
In															
Out															
In															
CORE TIME DEVIATION MAKEUP															
In															
Out															
In															
Out															
LEAVE USED															
Credit															
Annual															
Sick															
Comp															
Other															
ADDITIONAL HOURS EARNED															
OVERTIME FOR PAY															
In															
Out															
Total Hours in Pay→															
CREDIT (Maximum 2 hours per day)															
In															
Out															
COMPENSATORY TIME															
In															
Out															
EMPLOYEE INITIALS:							SUPERVISOR INITIALS:								
REMARKS															

Example of FSA-955, Time Off Award-Tracking Record

REPRODUCE LOCALLY. Include form number and date on reproductions. FSA-955 U.S. DEPARTMENT OF AGRICULTURE (06-28-93) Farm Service Agency			
TIME OFF AWARD-TRACKING RECORD	1. EFFECTIVE DATE June 10, 199X	2. HOURS AWARDED 16	3. AWARD CASE NUMBER ST-9X-T-001
4. Office (Deputy Administrator, Division, Branch) Anywhere County FSA Office Anywhere, ST 123-456-6789	5. EMPLOYEE'S NAME John Doe		
	6. TITLE, SERIES, GRADE Program Assistant, CO-05/4		
7. BEGINNING BALANCE ▶		16	
8. PAY PERIOD NUMBER	9. HOURS USED	10. BALANCE	
13	8	8	
11. TIMEKEEPER'S CERTIFICATION (Complete after all Hours Awarded have been used.)			
TIMEKEEPER SIGNATURE		DATE	
INSTRUCTIONS: A. Retain FSA-955 with employee's Time and Attendance folder. B. Update each pay period that Time Off Award hours are used. C. When the Time Off Award hours have been depleted, attach FSA-955 to the Time and Attendance documents for that pay period.			

Recording TOA Hours Used on T&A

**A
Using T&A
Entry Screen**

Timekeepers shall use T&A Entry Screen to enter the number of hours used by employees in PC-TARE system. See subparagraph 8 B.

Example: Following is an example of the T&A Entry Screen.

```

LI PP AG ST TOWN UN TK G W O FT PT INT 40 ST END S-S NAME: DOE, JOHN
01 01 05 11 0010 20 00 1 1 123-45-6789 DATE 02-24-XX 01
02 FS AL O F CON AU01 2 % AC 2 DA CS AWS 02
PR TC SUFFIX WEEK1 WEEK2 APP A B C D E F LL
03 01 40. 24. 03
04 61 66 . 8. 04
05 66 . 8. 1 05
06 . . 06
07 . . 07
08 . . 08
09 . . 09
10 . . 10
11 . . 11
12 . . 12
13 . . 13
14 194 80.0 <TOTAL TIME ANNL FWD 100.0 ACCR 4 USED 0.0 BAL 104.0 14
15 . . SICK FWD 100.0 ACCR 4 USED 0.0 BAL 104.0 15
16 . . COMP FWD .0 ACCR 0.0 USED 0.0 BAL 0.0 16
17 0 0.0 <TOTAL OTHR LWOP FWD .0 USED 0.0 BAL 0.0 17
18 AWOL FWD .0 USED 0.0 BAL 0.0 18
19 REMARKS: SUSP FWD .0 USED 0.0 BAL 0.0 19
20 TOA Used = 8 Hours MILR FWD <DAYS> USED 00 BAL 0 20
21 PRESS ENTER TO MODIFY T&A MILE FWD .0 USED 0.0 BAL 0.0 21
22 OTHR USED 16.0 22
TO SCROLL => F7(NEXT SS#) F9 (PRIOR SS#) F8(NEXT NAME) F10 (PRIOR NAME)
    
```

Continued on the next page

Recording TOA Hours Used on T&A (Continued)

B

Using State Office Screen GAF31801

Timekeepers shall use Screen GAF31801 to enter the number of TOA hours used by State Office employees.

Example: Following is an example of Screen GAF31801.

Update Header	20-KANSAS	UPDATE	GAF31801
State Office T & A		Version: AA01	03-17- XX 16:26 Term L2

SSN: 123 45 6789	Name: DOE, JOHN	T&A Group: ADMIN	Pay Period: XX=05
Pay Plan	Work Schedule	FLSA OT	
GS WG OTH	FT PT INT	Schedule	
1	1		
Final T&A	New Contact Point	Days in Pay Status	Compressed Schedule
	1		
Oath of Office	Status Change	Accounting	Remarks
	Start End	Data Code	TOA - 8HRS
Cmd3 - Previous Screen	Cmd7 - End	Enter - Continue	

Continued on the next page

Recording TOA Hours Used on T&A (Continued)

C
Using FSA-134

Timekeepers shall use FSA-134 to enter the number of TOA hours used by County Office employees.

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FSA-134										USDA-FSA									
(05-03-94)										DAILY COUNTY OFFICE TIME AND ATTENDANCE RECORD									
PART 1 - Complete for each employee																			
1. EMPLOYEE NAME JOHN DOE					2. EMPLOYEE IDENTIFICATION NUMBER 123-45-6789					3. TRANSACTION CODE RE									
4. PAY PERIOD 13		4A. FROM 6/27/xx		4B. TO 7/10/xx		5A. P/S Days for WGI Credit		5B. P/S Days Used		5C. P/S Days Balance		6. LEAVE CATEGORY							
	Su	Mo	Tu	We	Th	Fr	Sa	TOT		Su	Mo	Tu	We	Th	Fr	Sa	TOT	TTL	
Regular Duty				8	8	8		24		8	8	8	8	8			40	64	
Annual Leave																			
Sick Leave																			
Comp Used																			
Other Pd Leave		8	8					16										16	
Military Leave																			
Overtime																			
Night Diff																			
Holiday Work																			
Excess Comp Paid																			
Total P/S		8	8	8	8	8		40		8	8	8	8	8			40	80	
Comp Earned																			
LWOP																			
AWOL																			

PART 2 - Leave Record (Complete Only for Manual Payroll)

	Brought Forward	Earned	Available	Used	Balance
Annual Sick Compensatory LWOP AWOL Military (days)					

Premium Work (Complete Only for Manual Payroll)

	Rate	Hours	Total
Overtime Night Differential Holiday Work			

PART 3 - Certification (Complete Only for Manual Payroll)

Leave Certification	
<i>Timekeeper:</i> All overtime, night differential, and holiday time was worked and approved according to law or regulations.	<i>Initials:</i> _____
<i>Employee:</i> I certify that (a) leave charged this period or prior period is correct and that sick leave was due to illness which incapacitated me for duty or was taken for other authorized purposes; (b) all overtime, night differential, and holiday time was worked and approved according to law or regulations.	<i>Initials:</i> _____
<i>Approving Official:</i> I certify that time, attendance and leave report is correct and that overtime was worked and approved according to law or regulations.	
<i>Approving Official Signature:</i> _____	

Continued on the next page

Recording TOA Hours Used on T&A (Continued)

D
Using Screen
NCB21202

Timekeepers shall use Screen NCB21202 to enter T&A data from FSA-134. Following is an example of Screen NCB21202.

Personnel/Payroll T&A Hours Screen		081 Little River Version AA08		Enter 03-21-94 11:23		NCB21202 Term W2	
Name JOHN DOE		Pay Period 5		ID 123-45-6789 S Trans Code RE		From 03-06-94 To 03-19-94	
Pay Status Days ___		Week 1	Week 2	Week 1		Week 2	
Regular Duty	_____	_____	_____	Annual Leave	_____	_____	_____
Sick Leave	_____	_____	_____	Compensatory Used	_____	_____	_____
Other Paid Leave	_____	_____	8	Military Leave	_____	_____	_____
Overtime	_____	_____	_____	Night Differential	_____	_____	_____
Holiday Work	_____	_____	_____	Compensatory Earned	_____	_____	_____
Leave Without Pay	_____	_____	_____	Absent Without Leave	_____	_____	_____
				Weekly Hours	xxxxxx	xxxxxx	xxxxxx
Type	Brt For	Ernd	Avail	Used	Bal		
Annual	252.00	8					
Sick	887.25	4					
Comp	_____						
LWOP	_____						
AWOL	_____						
Mil	12	—				Excess Compensatory Hours to be Paid _____	
Enter=Continue Cmd7=End (Cmd24=Delete Current Record)							