

For: FSA Offices

FSA FY 2000 Superior Accomplishment Awards Program

Approved by: Acting Deputy Administrator, Management



1 Overview

A

Background

Notice PM-2144 authorized Quality Step Increases (QSI's), Performance Bonus Awards, and Time Off Awards (TOA's) for employees rated "outstanding" for FY 1999.

This notice authorizes recognition of one-time contributions in FY 2000 in the form of Superior Accomplishment (Extra Effort, Spot Cash, and Time Off) Awards.

B

Purpose

This notice:

- establishes the FSA FY 2000 Superior Accomplishment Awards Program for **employees not covered by the Common Policies Awards Program** to recognize the FY 2000 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 8, 2000.

Any employee may make a nomination.

Continued on the next page

Disposal Date	Distribution
October 1, 2000	All FSA Offices

Notice PM-2157

1 Overview (Continued)

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.

2 FY Awards Guidance

A

FSA FY 2000 Awards

The FSA FY 2000 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 1999 or FY 2000 performance appraisal.

Notes: Recognition based on FY 1999 performance appraisals is covered by Notice PM-2144.

Recognition based on FY 2000 performance appraisals will be addressed by the Common Policies Awards System.

Notification of award limitations will be issued to all offices informing them of the amount of funds available for all awards. These amounts include funds already spent on QSI's and Performance Bonuses based on FY 1999 ratings, as well as FY 2000 Superior Accomplishment Awards. Offices shall **not** exceed their total limitation/allocation and shall obligate and pay the award funds before the end of FY 2000. The full amount of QSI will count towards FY awards limitations regardless of when granted during FY. The award limitations to be issued are the total funds available and are intended to cover all employee recognition systems.

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 is processed through NFC, generating a payment to the employee in the amount of the award, less taxes and other withholdings. A gross award of \$500 might result in a net payment of \$350 to the recipient. In distributing awards allotments, the **gross** amount must be the basis for expending the allotment/limitation.

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, and APFO employees, the funds for a Spot Cash Award come from the local check issuing authority, not from NFC. The check issuing authority 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 and County Offices, Spot Cash Awards are processed through NFC. As with the Extra Effort Award, taxes and other withholdings are subtracted by NFC before payment.

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.

Continued on the next page

3 Superior Accomplishment Awards (Continued)

B

Eligibility

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

- Executive Schedule
- noncareer Senior Executive Service (SES)
- Schedule C employees.

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

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 2000
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 2000 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).

Continued on the next page

3 Superior Accomplishment Awards (Continued)

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
- Deputy Directors in KCMO, KCCO, and Director, APFO
- Administrator for employees of the Administrator's staff.

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.

Continued on the next page

3 Superior Accomplishment Awards (Continued)

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.

4 Processing Extra Effort Awards

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.

Continued on the next page

Notice PM-2157

4 Processing Extra Effort Awards (Continued)

B

**Approving
Official**

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

Responsibilities

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

C

SPO

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

Responsibilities

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.

Continued on the next page

4 Processing Extra Effort Awards (Continued)

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.
-

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 (00)
- 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-00-E-001

Notice PM-2157

5 Processing Spot Cash Awards

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 or modifies and approves nomination	<ul style="list-style-type: none"> • initial changes, if modified • 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 (see subparagraph C) • for KCMO, KCCO, and APFO employees, forward nomination to the appropriate convenience check certification officer • for State and County Office employees, forward nomination directly to Processing Section (see subparagraph E).
disapproves nomination	attach note to nomination and return to recommending individual.

Continued on the next page

Notice PM-2157

5 Processing Spot Cash Awards (Continued)

C

**FMD/
Certification
Officer
Responsibilities**

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

- FMD, IAEPB, IROS 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 FMD certifying officer will certify by date and signature.
 - A convenience check will be issued to the awardee.
 - FMD shall keep a copy of the certified AD-287-2 for files and send a copy of the award nomination documents to SPO, and send the **recommending individual** the Employee Copy of AD-287-2, a copy of the justification, and the check.
-

D

**SPO
Responsibilities**

After receiving the original approved award nomination documents, 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, 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

5 Processing Spot Cash Awards (Continued)

F

**Office Manager's
Responsibilities
After Approval**

Upon receipt of the approved award from SPO, the office manager shall arrange for the certificate of merit and check 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 (00)
- 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-00-C-001

Notice PM-2157

6 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.

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.								
	<table border="1"> <thead> <tr> <th align="center">IF approving official...</th> <th align="center">THEN...</th> </tr> </thead> <tbody> <tr> <td>approves nomination</td> <td>sign and date AD-287-2 in item 22.</td> </tr> <tr> <td>disapproves nomination</td> <td>attach note to nomination and return to recommending employee.</td> </tr> <tr> <td>modifies and approves nomination</td> <td> <ul style="list-style-type: none"> • initial changes • sign and date AD-287-2 in item 22. </td> </tr> </tbody> </table>	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.
	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-2157

6 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.

Upon return of the award nomination from processing, distribute the completed award nomination as follows:

- send the **employee's supervisor** the following:
 - AD-287-2 (Employee Copy)
 - copy of justification
 - FSA-958 (Exhibit 4)

Note: Provide supervisor with TOA instructions and guidelines to ensure proper scheduling and use of TOA.

- reviewing official shall keep 1 copy of AD-287-2 and justification for award reporting purposes.
-

D
**Services Unit or
Processing
Section
Responsibilities**

The processing clerk shall:

- assign a case number according to subparagraph E
- 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) (for Federal employees only - CO employees do not need to use an Authority Code)

- 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.
-

Continued on the next page

6 Processing TOA's (Continued)

E

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.

Example: KM-00-T-001

7 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.
 - 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.
-

Continued on the next page

7 General TOA Guidelines (Continued)

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: Employee accepts a position in another office. TOA hours shall be transferred.

Employee accepts a 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.

8 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.
-

**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
 - 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.
-

Continued on the next page

Notice PM-2157

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

**B
Timekeeper's
Responsibilities
(Continued)**

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/County Office 	PC-TARE	<ul style="list-style-type: none"> • FSA-958 (Exhibit 4) • T&A Entry Screen (Exhibit 9).
1 of the following: <ul style="list-style-type: none"> • KCMO • KCCO 	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).

**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 • County Office 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>

Notice PM-2157

9 Reporting Requirements and Action

A

Annual Report

At the end of FY 2000, SPO shall prepare and distribute to all serviced employees a report that includes the:

- name of each employee who received an award in FY 2000
- type of award (QSI, Extra Effort, Spot Cash, TOA, or nonmonetary)
- 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 has received a signed consent from the individual. The recipient's supervisor is responsible for ensuring that this is sent to SPO.

B

Contacts

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

Location	Contact
National Office	HRD, Performance Management, Benefits, and Awards Branch at 1 of the following: <ul style="list-style-type: none">• 202-418-8975• 202-418-8973• TTY at 202-418-9116.
APFO KCCO KCMO State and County Offices	KCMO, Personnel Division, Employee Relations Branch at either of the following: <ul style="list-style-type: none">• 816-926-6643• TTY at 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	5. PAY PLAN-SERIES/GRADE/STEP GS-7/4
6. ORGANIZATION AND LOCATION X DIV, DAFP	7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 4/1/xx TO: 4/3/xx (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 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 14. TOTAL AWARD (Give dollar amount/hours, or value of item) 15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) →		
1 \$300 <input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ <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 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) /s/ DAFP
22. APPROVING OFFICIAL (Signature and Title)		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
29. PERSONNEL OFFICIAL (Signature and Title)		DATE PROCESSED
I certify that the proposed action is in compliance with statutory and regulatory requirements.		

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.

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	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): →		
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"/> EXTRA EFFORT AWARD* <input checked="" 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) \$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 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		29. PERSONNEL OFFICIAL (Signature and Title)
DATE PROCESSED		
I certify that the proposed action is in compliance with statutory and regulatory requirements.		

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 SF-71 for Requesting TOA Hours

REQUEST FOR LEAVE OR APPROVED ABSENCE						
1. NAME (Last, First, Middle Initial) DIEBIR, JIM R.				2. EMPLOYEE OR SOCIAL SECURITY NUMBER 123-45-6789		
3. ORGANIZATION X C/O						
4. TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)	DATE		TIME		TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE
	From:	To:	From:	To:		
<input type="checkbox"/> Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:
<input type="checkbox"/> Restored Annual Leave						
<input type="checkbox"/> Advance Annual Leave						
<input type="checkbox"/> Accrued Sick Leave						<input type="checkbox"/> I hereby invoke my entitlement Family and Medical Leave for:
<input type="checkbox"/> Advance Sick Leave						
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other						
<input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member						
<input type="checkbox"/> Compensatory Time Off						<input type="checkbox"/> Birth/Adoption/Foster Care
<input checked="" type="checkbox"/> Other Paid Absence (Specify in Remarks)	7/06/XX	7/06/XX	8:00	4:30	8	<input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent
<input type="checkbox"/> Leave Without Pay						<input type="checkbox"/> Serious Health Condition of Self
6. REMARKS: Time Off Award						
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.						
EMPLOYEE SIGNATURE /s/ John J. Johnson				DATE 6/22/XX		
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)						
SIGNATURE				DATE		
PRIVACY ACT STATEMENT						
Section 6311 of title 5, United States 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 for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.						
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.						
If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.						
NSN 7540-00-753-5067 PREVIOUS EDITION MAY BE USED			STANDARD FORM 71 (REV. 12-97) PRESCRIBED BY OFFICE OF PERSONNEL MANAGEMENT, 5 CFR PART 630			

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

KC-23-A (1-18-98)		U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency SIGN IN/SIGN OUT LOG						EMPLOYEE NAME _____						
PAY PERIOD NO. _____		FROM (MM/DD/YY) _____			TO (MM/DD/YY) _____			OFFICE/DIVISION-BRANCH _____			YEAR _____			
TIME														
	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat
In														
Lunch														
Out														
Out														
In														
Out														
In														
In														
Out														
In														
Out														
Credit														
Annual														
Sick														
Comp														
Other														
In														
Out														
Total Hours in Pay →														
In														
Out														
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 (06-28-93) TIME OFF AWARD-TRACKING RECORD	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	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 13	9. HOURS USED 8	10. BALANCE 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)
    
```