

For: FFAS Employees

Announcing FFAS Gainsharing Travel Savings Program

Approved by: Acting Deputy Administrator, Management



1 Overview

A Background

For several years, RMA has been running a successful Gainsharing Travel Savings Program. By action of the FSA/RMA Partnership Council, FSA has adopted this Program for all its employees in the DC metro area. Since FSA outside the metro DC area and FAS expressed an interest in adopting this Program, the mission area management has decided to combine these programs into a new FFAS Gainsharing Travel Savings Program to cover all 3 agencies.

B Purpose

This notice:

- establishes the FFAS Gainsharing Travel Savings Program
- informs employees, supervisors, and managers of the procedures to follow when using the Program.

Note: FAS is implementing this Program on a trial basis only, during the first 6 months of FY 2005, when the Program will be evaluated. Furthermore, FAS is only implementing the domestic air travel and hotels and the overseas air travel parts of the Program, that is, **not** the overseas hotels part of the Program.

C Labor Relations Obligations

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

<p>Disposal Date</p> <p>October 1, 2005</p>	<p>Distribution</p> <p>All FAS, FSA, and RMA employees; State Offices relay to County Offices</p>
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2 FFAS Gainsharing Travel Savings Program

A General

The Government Employees Incentive Awards Act, 5 U.S.C. 4501-4507, authorizes an agency to pay a cash award for “efficiency” or “economy”. FFAS will begin a program that rewards employees who save the Government money while on TDY travel. These savings will come from using either of the following:

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

Employee participation in this Program is optional.

B Kinds of Travel Covered

All TDY travel with lodging expenses, foreign and domestic, will be covered under this Program. However, only the first 30 calendar days of **extended** TDY travel (that is, a detail of more than 30 calendar days where a reduced per diem amount is required) can be counted as eligible for savings in this Program.

C Lodging Savings

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

- Awards will **not** be made to individual employees on travel where lodging was prepaid or prearranged and lower hotel rates were the result of contractual arrangements with the hotel. However, any savings resulting from shared accommodations under such an arrangement do qualify for the travel savings award.
- Under the Federal Premier Lodging Value Program, GSA is pursuing reduced hotel rates through agreements with hotels in major cities. Lodging savings at hotels in the Program **cannot** be counted as savings for the travel savings award program. Lodging savings under “preferred property” agreements are also **not** eligible.
- The amount of lodging savings must be reduced when excess transportation costs are incurred while staying at lodging more distant from the TDY site.

2 **FFAS Gainsharing Travel Savings Program (Continued)**

C Lodging Savings (Continued)

- When a room is shared while on official travel, there will be a lodging savings. The employees should arrange to be billed separately. If this is not possible, a daily rate must be determined for each employee. Divide the total lodging costs by the number of employees and the number of nights to arrive at a daily rate for each employee.
- All employees are encouraged to stay at a hotel that meets the requirements of the Hotel and Motel Fire Safety Act of 1990. Hotels in compliance are on the internet at www.usfa.fema.gov/hotel/index.htm.
- Lodging costs incurred on personal time, such as annual leave during official travel or any other type of personal preference travel used in connection with official travel, will not be counted as lodging savings under this Program.
- Employees who stay with someone while on official travel and avoid lodging expenses will receive credit for one-half of the lodging rate for the locality toward the travel savings cash award.
- Employees who incur additional transportation expenses must have those expenses deducted from their lodging savings. A determination must be made by the Approving Official that any transportation expenses incurred were excessive. **Examples of excess transportation costs** include, but are not limited to, the following:
 - renting a vehicle, when one would not normally be rented at a TDY site, to travel to a place of free or reduced lodging
 - when driving a privately owned vehicle, driving 25 or more miles than would normally be traveled to/from the TDY site to obtain free or reduced lodging
 - where a taxi fare incurred is 15 percent or more than what would normally be charged to obtain free or reduced lodging.

D Redemption of Frequent Flyer Benefits

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

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2 FFAS Gainsharing Travel Savings Program (Continued)

E Amount of Award

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

F Criteria for Award

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

G Process and Responsibilities

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

- Each time the employee records savings, AD-2036 must be submitted to the traveler's Approving Official with the appropriate travel voucher. After review of the voucher and AD-2036, the Approving Official **will initial** AD-2036 by each trip.
- When the cumulative savings to the Government has reached at least \$200, the employee and his or her Approving Official **will sign** each AD-2036 that is submitted as supporting documentation for the award.
- All eligible employees must submit AD-2036's and AD-287-2's for the award in time for processing by HRD by August 16 of each year. AD-287-2 must be completed and signed by the Approving Official and submitted with supporting AD-2036 to HRD. See subparagraph I for distribution of forms.

Note: Any cumulative savings occurring after September 16 should be turned in as soon as possible after the end of the fiscal year. If the \$200 criteria is not met before the end of the fiscal year, it may be carried forward until it is met; however, the savings **must** be broken out by fiscal year.

H Availability and Completion of Forms

Instructions for completing AD-2036 are in Exhibit 2. AD-2036 will be reproduced locally. See Exhibit 3 for an example of a completed AD-287-2.

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2 FFAS Gainsharing Travel Savings Program (Continued)

I Distribution of Forms

The applicant shall send:

- a copy of each AD-2036 submitted for an award to the appropriate Travel Coordinator
- the original AD-2036, with AD-287-2, to:

STEPHEN CRISP
USDA FSA HRD STOP 0595
1400 INDEPENDENCE AVE SW
WASHINGTON DC 20250-0595.

The Approving Official shall notify the Budget Office if funds need to be transferred into Object Class 1110.

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

Example of AD-2036, Gainshare Travel Savings Form

This is an example of a completed AD-2036.

This form is available electronically.

AD-2036 (08-12-04)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. EMPLOYEE'S NAME (Last, First, Middle Initial)	3. INDICATE APPROPRIATE AGENCY (Check one of the following): <input type="checkbox"/> RMA <input type="checkbox"/> FSA <input type="checkbox"/> FAS
GAINSHARE TRAVEL SAVINGS FORM		2. EMPLOYEE'S SOCIAL SECURITY NUMBER	

4A. 1ST TRIP - TRAVEL AUTHORIZATION NUMBER:	4B. FEMA NUMBER (or hotel/motel property number):	4C. APPROVING OFFICIAL'S INITIALS:	4D. FISCAL YEAR:
SAVINGS COMPUTATION:			
	1st NIGHT	2nd NIGHT	3rd NIGHT
(1) Day of Week/Date (MM-DD-YYYY)	Mon 09-01-2004	Tue 09-02-2004	Wed 09-03-2004
(2) Maximum Lodging Rate	\$ 100.00	\$ 100.00	\$ 100.00
(3) Minus Actual Lodging Cost	\$ 90.00	\$ 90.00	\$ 90.00
(4) Minus Excessive Transportation	\$	\$	\$
(5) Lodging Savings for Agency	\$ 10.00	\$ 10.00	\$ 10.00
(6) Contract Carrier Cost	\$ 500.00	\$	\$ 500.00
(7) Frequent Flyer Benefits	\$ 400.00	\$	\$ 400.00
(8) Airfare Savings	\$ 100.00	\$	\$ 100.00
(9) Total Savings for Agency	\$ 110.00	\$ 10.00	\$ 10.00

5A. 2ND TRIP - TRAVEL AUTHORIZATION NUMBER:	5B. FEMA NUMBER (or hotel/motel property number):	5C. APPROVING OFFICIAL'S INITIALS:	5D. FISCAL YEAR:
SAVINGS COMPUTATION:			
	1st NIGHT	2nd NIGHT	3rd NIGHT
(1) Day of Week/Date (MM-DD-YYYY)	Mon 10-01-2004	Tue 10-02-2004	Wed 10-03-2004
(2) Maximum Lodging Rate	\$ 100.00	\$ 100.00	\$ 100.00
(3) Minus Actual Lodging Cost	\$ 50.00	\$ 50.00	\$ 50.00
(4) Minus Excessive Transportation	\$ 30.00	\$ 30.00	\$ 30.00
(5) Lodging Savings for Agency	\$ 20.00	\$ 20.00	\$ 20.00
(6) Contract Carrier Cost	\$	\$	\$
(7) Frequent Flyer Benefits	\$	\$	\$
(8) Airfare Savings	\$	\$	\$
(9) Total Savings for Agency	\$ 20.00	\$ 20.00	\$ 20.00

6A. 3RD TRIP - TRAVEL AUTHORIZATION NUMBER:	6B. FEMA NUMBER (or hotel/motel property number):	6C. APPROVING OFFICIAL'S INITIALS:	6D. FISCAL YEAR:
SAVINGS COMPUTATION:			
	1st NIGHT	2nd NIGHT	3rd NIGHT
(1) Day of Week/Date (MM-DD-YYYY)	Mon 11-01-2004	Tue 11-02-2004	Wed 11-03-2004
(2) Maximum Lodging Rate	\$ 100.00	\$ 100.00	\$ 100.00
(3) Minus Actual Lodging Cost	\$	\$	\$
(4) Minus Excessive Transportation	\$	\$	\$
(5) Lodging Savings for Agency	\$ 100.00	\$ 100.00	\$ 100.00
(6) Contract Carrier Cost	\$ 250.00	\$	\$ 250.00
(7) Frequent Flyer Benefits	\$ 50.00	\$	\$ 50.00
(8) Airfare Savings	\$ 200.00	\$	\$ 200.00
(9) Total Savings for Agency	\$ 300.00	\$ 100.00	\$ 100.00

7. SUMMARY DATA	1st TRIP (4A) (Total Dollar Amt. of 1st - 7th Night)	2nd TRIP (5A) (Total Dollar Amt. of 1st - 7th Night)	3rd TRIP (6A) (Total Dollar Amt. of 1st - 7th Night)	EMPLOYEE AND AGENCY APPROVING SIGNATURES	
a. Total Dollar Amount of Lodging Savings: (Enter Total of Items A(5)).	\$ 40.00	\$ 60.00	\$ 700.00	9A. EMPLOYEE'S SIGNATURE 9D. EMPLOYEE'S OFFICE LOCATION (Include Branch/Division)	
b. Total Dollar Amount of Airfare Savings: (Enter Total of Items A(8)).	\$ 200.00	\$	\$ 400.00		
c. Total Dollar Amount of Savings for Agency: (Enter Total of Items A(9)).	\$ 240.00	\$ 60.00	\$ 1,100.00	9B. DATE (MM-DD-YYYY)	9C. TELEPHONE NO. (Area Code)
d. Summary Total: (Enter the Total of all Item 7c Dollar Amounts from 1st, 2nd and 3rd Trips)	\$ 1,400.00			10A. AGENCY APPROVING OFFICIAL'S SIGNATURE	
e. Total Dollar Amount Awarded to Employee: (Enter 50% of Total Dollar Amount from Item 7d)	\$ 700.00			10B. DATE (MM-DD-YYYY)	
8A. EMPLOYEE SUPERVISOR'S NAME	8B. EMPLOYEE SUPERVISOR'S TELE. NO. (Area Cd.)			10C. TITLE OF APPROVING OFFICIAL	

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

Instructions for Completing AD-2036

Up to 3 trips may be recorded on each AD-2036. When lodging savings or redemption of frequent flyer benefits are realized for a trip, record the trip on AD-2036 and submit it with the appropriate voucher to the Approving Official. The employee and the Approving Official will sign and date each AD-2036 **when a minimum of \$200 in savings for the Government** is accumulated. AD-287-2 (Exhibit 3) may then be prepared and sent to HRD, **with a copy to the appropriate Travel Coordinator.**

Complete AD-2036 according to the following table.

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

Instructions for Completing AD-2036 (Continued)

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

Note: Submit this form with the appropriate vouchers and AD-287-2, recommendation and approval of cash award or quality increase to supervisor for approval.

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

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

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

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

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

Form AD-287-2 (7/94)

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