FOR OFFICE USE									
State USAID	Date Received by Awards Office (mm-dd-yyyy)	Date Related to Personnel Records	s (mm-dd-yyyy)						
U.S. Department of State									
NOMINATION FOR AWARD									
PART I - NOMINATION									
Name of Nominee (Last, First, Ml.)	Social Secu	rity Number ORG Symbol or Pos	t						
Present Position Title and Grade	Position held during period	l covered by nomination if different t	han present						
REASON FOR AWARD									
Performance Customer Se Special Act Innovation	ervice Teamwork	Other							
	TYPE OF AWARD RECOMMENDED								
The Secretary's Award									
	Superior Honor Award	Time Off From Duty Award							
Award for Heroism	Meritorious Honor Award	Cash							
Secretary's Career Achievement Award	Franklin Award								
Distinguished Honor Award	Foreign Affairs Award for Public Service	Other							
Recommended Amount (Cash/Time Off Hours)) Approved Amor	unt Approved	Award						
Justification for Award (Include a concise citat	tion to be used on the award certificate. Additional s	chaots may be used)							
	ion to be used on the award certificate. Additional s	neels may be used.							
Nominated By (Name, Title, Signature)		Date (mm-dd-yyyy)						
Approved By (Supervisor's Name, Title, Signatu	Date (mm-dd-yyyy)							
		· · · · · · · · · · · · · · · · · · ·							

Justification for Award Continuation Sheet (Include a concise citation to be used on the award certificate.)

PART II - ACTION TAKEN/TIME OFF FROM DUTY AWARD - Optional - For period not to exceed one work day.									
Bureau/Post Approval	(Name, Title)			Date	e (mm-dd-yyyy)				
Bureau/Post Approval	(Signature)								
PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE									
Approve Da	te (mm-dd-yyyy)	Remark	(S						
Disapprove									
Cash Awards Only - Ap	oproved Amount								
Typed Name of Comm	ittee Chairperson								
Signature of Committee Chairperson									
PART IV - ACTION TAKEN BY CHIEF OF MISSION									
Approve Dat	te (<i>mm-dd-yyyy</i>)	Remark	S						
Disapprove									
Cash Awards Only - Ap	pproved Amount								
	provod / inodine								
Typed Name of Chief o	of Mission								
Signature of Chief of M	lission								
	PAR	T V - ACTION TAKEN B	Y AREA AWARDS COMM	ITTEE					
Approve Da	te (mm-dd-yyyy)	Remark	(S						
Disapprove	annound Americant								
Cash Awards Only - Ap	pproved Amount								
Typed Name of Comm	ittee Chairperson		ation: All Committee memb ty Awareness Training for a			attended			
Signature of Committee	e Chairperson		,						
	PART VI -	ACTION TAKEN BY DI	EPARTMENT AWARDS CO	OMMITTEE					
Approve Date	e (mm-dd-yyyy)	Remark	(S						
Disapprove									
Cash Awards Only - Ap	proved Amount								
Cash Awalus Only - Ap									
Typed Name and Title									
Signature									
Purcou/Doot Dudget O	fficor (Nome Directions)	PART VII -	FISCAL DATA		D-4	in and the set			
Bureau/Post Budget O	fficer (Name, Signature)				Dale	ímm-dd-yyyy)			
Accounting Classification (Completed by Bureau/Post Budget Officer)				For Gift Cheo	ue Use Only				
Agency Appropriati	on Allotment Obliga	tion No. Org. Code	Function Object	Award Amount	Obligation	Net			
PART VIII - PAYROLL OFFICE INFORMATION - FOR GIFT CHEQUE USE ONLY									
Bureau/Post Awards O	fficer (Name, Signature)				Date	(mm-dd-yyyy)			
Payroll Information (C		•		•	!				
Gross Amount	Federal Tax Withheld	State Tax Withheld	OASDI Tax Withheld	FHI Tax Withheld	Net Am	ount			