

NAF AWARD RECOMMENDATION

ENSURE THAT ALL REQUIRED BLOCKS ARE ACCURATELY FILLED IN AND THE FORM IS SIGNED AND DATED

1. REQUESTED BY (NAME / TITLE / SIGNATURE):		2. TO (APPROVING OFFICIAL):	
3. POC:	4. TELEPHONE NUMBER:	5. BLDG/ROOM NUMBER:	6. DATE:
7. EMPLOYEE NAME:	8. SSN (LAST 4 DIGITS):	9. POSITION TITLE:	10. SERIES/GRADE/STEP:

TYPE OF AWARD RECOMMENDED

11.	<input type="checkbox"/> TIME OFF AWARD	NUMBER OF HOURS RECOMMENDED:	DATE MUST BE USED BY:
12.	<input type="checkbox"/> ON-THE-SPOT AWARD		RECOMMENDED AMOUNT:
13.	<input type="checkbox"/> OTHER		RECOMMENDED AMOUNT:

JUSTIFICATION (ATTACH ADDITIONAL SHEETS AS NECESSARY)

16. NAME, TITLE OF ORIGINATOR:	17. SIGNATURE:	18. DATE:
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FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). (ATTACH ADDITIONAL SHEETS ONLY AS NECESSARY).

VIA	DEPARTMENT/DIVISION HEAD	RECOMMENDED AWARD	SIGNATURE	DATE
1				
2				
3				

ALL AWARDS MUST BE COORDINATED THROUGH THE NAF HUMAN RESOURCES OFFICE (HRO)

HR Personnel Name / Title:	Signature / Date:
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TO BE COMPLETED BY APPROVING OFFICIAL

20.	21. SIGNATURE:	22. DATE:
<input type="checkbox"/> APPROVED \$ _____ / _____ hrs		
<input type="checkbox"/> DISAPPROVED		