

CNREURAFCENT AWARDS JUSTIFICATION FORM

BLOCKS 1 - 10 TO BE COMPLETED BY NOMINATING OFFICIAL

| | | | |
|--|-------------------------------------|---------------|-------------------------------|
| 1. Employee Name | 2. Command/Activity | 3. UIC | 4. Department (N-Code) |
| 5. Date Arrived at Command/Activity | 6. Position Title, PP/Ser/Gr | | 7. Period of Award |
| 8. Nominator | 9. Nominator Signature | | |

10. AWARD RECOMMENDATION

| | |
|---|--|
| <input type="checkbox"/> On-the-Spot (\$25 - \$750) Amount:\$ _____ | <input type="checkbox"/> Quality Step Increase (U.S. only) Current Step: _____ |
| <input type="checkbox"/> Special Act (\$751 - \$10,000) Amount:\$ _____ | <input type="checkbox"/> Honorary (specify): _____ |
| <input type="checkbox"/> Civilian of the Quarter: _____ | <input type="checkbox"/> Civilian of the Year: _____ |
| <input type="checkbox"/> Time-Off: _____ | <input type="checkbox"/> Supervisor of the Year: _____ |
| <input type="checkbox"/> Other (specify): _____ | |

11. JUSTIFICATION FOR AWARD (required for all requests)

12. ENDORSEMENT AND APPROVALS

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|--|---|
| A) Recommending Official: | C) Region N13/Installation Coordinator: |
| B) Endorsing Official (as applicable): | D) Comptroller (N8): |
| E) Approving Official: | |

