

# TECHNICIAN INCENTIVE AWARD NOMINATION

**Authority:** CA NG Technician Incentive Awards Program.  
**Principal Purpose:** To record names, signatures, award history, and other identifiers for the purpose of validating the nomination and designation of monetary and time based awards.  
**Routine Uses:** None.  
**Disclosure:** Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

1. Name (Last, First, Middle)

2. Social Security Number	3. Award Inclusive Dates
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	From:	To:
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4. Position Title

5. Pay Plan	6. Grade	7. Step	8. Total Salary
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9. Position's Organization and Location	10. Date of Last Promotion
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11. Justification<sup>1</sup>

## AWARD REQUESTED

12. Award Requested	13. Overall Rating for Record <sup>2</sup>	14. Award Amount (Step or \$100 minimum)
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Choose an item.

**PAST AWARD HISTORY**

(This information can be found in the “My Employee Information” area in My Workplace)

**15. Award History For Previous 24 Months**

15a. Type	15b. Amount	15c. Date

**TO BE COMPLETED BY NOMINATING SUPERVISOR**

I certify that the justification and past award history is accurate. This certification is made with the knowledge that this information is to be used for statutory purposes relating to payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

Name/Title	Signature	Date

**TO BE COMPLETED BY COMMANDER/DIRECTOR<sup>3</sup>**

I certify that the justification and past award history is accurate. This certification is made with the knowledge that this information is to be used for statutory purposes relating to payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

Name	Signature	Date

**CERTIFICATION OF FUND AVAILAILABILITY<sup>4</sup>**

Name/Title	Signature	Date

**DIRECTORATE FOR HUMAN RESOURCES APPROVALS**

Office	Name	Date

Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature	Date

<sup>1</sup> Written justification for the award specifying the performance, act, or service being recognized must be included.

<sup>2</sup> To be eligible for a performance appraisal based award, the technician’s overall rating must be between Level 3 (Fully Successful) through Level 5 (Outstanding).

<sup>3</sup> The table for approving authorities can be found in CMDN 1418.28, paragraph 5(c)(2).

<sup>4</sup> ANG – Signed by Wing Comptroller, ARNG – Route to CAJS-J1-HR-MA

- No awards may be recommended in conjunction with any other awards for the same act, achievement, event, or service.
- A technician may receive no more than 80 hours of Time Off Awards during a leave year.
- Time Off Award hours must be used within one year of the effective date of the award. By statute, unused hours will be forfeited without further compensation and technicians may not “cash in” Time Off Awards hours under any circumstance.