FOR OFFICE USE												
State USAID	Date Received by Awards	Office (mm-dd-yyyy)	Date Related t	to Personnel Records (mm-dd-yyyy)								
. S. 💮 à .												
NI C	OMINATION	EOD AWA	NDN									
		FOR AWA	AND									
PART I - NOMINATION												
Name of Nominee (Last, First, MI.)			ırity Number	ORG. Symbol or Post								
Present Position Title and Grade	Po	osition held during period	d covered by no	omination if different than present								
REASON FOR AWARD												
Derformance Customer S												
Performance Customer S Special Act Innovation	ervice	agement	Oth	er								
TYPE OF AWARD RECOMMENDED												
The Secretary's Award	Superior Ho											
			Tim	ne Off From Duty Award								
Award for Heroism	Meritorious H		Cas	sh								
Secretary's Career Achievement Award	Franklin Awa											
Distinguished Honor Award		irs Award for Public Service										
Recommended Amount (Cash/Time Off Hours	5)	Approved Amo	unt	Approved Award								
Justification for Award (Include a concise cita	tion to be used on the awar	d certificate. Additional	sheets may be	used)								
				T								
Nominated By (Name, Title, Signature)				Date (mm-dd-yyyy)								
Approved Dy (Cyponicada Marca Titla Cima)	Applicable only if nom	inated by other than aver	orvioor	Data (mm dd inc = 1)								
Approved By (Supervisor's Name, Title, Signate	ure). Applicable only if nom	mated by other than sup	ervis0f	Date (mm-dd-yyyy)								
	Sign											

NOMINATION FOR AWARD

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

JF-66 Page 2 of 3

	PART II - A	ACTION TAKEN/TIME OF	F FROM DUTY AWARD	- Optional - For period	d not to exceed on	e work day.					
	Bureau/Post Approval	(Name, Title)			Date	(mm-dd-yyyy)					
	Bureau/Post Approval	(Signature)									
		PART III - A	ACTION TAKEN BY JOIN	IT COUNTRY AWARDS C	OMMITTEE						
	Disapprove	ate (mm-dd-yyyy)	Remarks								
	Cash Awards Only - A Typed Name of Comm										
Sign	Signature of Committe	e Chairperson									
PART IV - ACTION TAKEN BY CHIEF OF MISSION											
	Approve	te (mm-dd-yyyy)	Remarks								
	Disapprove Cash Awards Only - Ap	pproved Amount									
	Typed Name of Chief of	of Mission									
Sign	Signature of Chief of M	Mission									
agii.		PAR	T V - ACTION TAKEN BY	AREA AWARDS COMMI	ITTEE						
	Approve	te (mm-dd-yyyy)	Remarks								
	Cash Awards Only - Ap	pproved Amount									
	Typed Name of Comm	ittee Chairperson									
Sign	Signature of Committe	e Chairperson		Committee members revie ing for awards committee r		n have attended	l Diversity				
		PART VI		PARTMENT AWARDS CO							
	Approve Date	te (mm-dd-yyyy)	Remarks								
	Cash Awards Only - Ap	pproved Amount									
	Typed Name and Title										
Sign	Signature										
				FISCAL DATA							
	Bureau/Post Budget O	Officer (Name, Signature)	Sign			Date (mm-dd-y	<i>'yyy)</i>				
	Accounting Classific Agency Appropriat	ation (Completed by Burelion Allotment Obliga	au/Post Budget Officer) ation No. Org. Code				For Gift Cheque Use Only Obligation Net				
		·	, and the second	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J					
	Bureau/Post Awards C	Officer (Name, Signature)	Sign*			Date (mm-dd-)	<i>'yyy)</i>				
	Payroll Information		1			· · · · · · · · · · · · · · · · · · ·					
	Gross Amount	Federal Tax Withheld	State Tax Withheld	OASDI Tax Withheld	FHI Tax Withheld	Net Am	ount				

JF-66 Page 3 of 3