## **INCENTIVE AWARDS NOMINATION AND APPROVAL - NONAPPROPRIATED FUNDS** For use of this form, see AR 215-3; the proponent agency is DCS, G-1. 1. NAME (Last, first, MI) 2. WORK CENTER CODE 3. POSITION/GRADE 4. ORGANIZATION Justification for all Incentive Awards based on performance will be completed as required on page 2 of this form. 5. TYPE OF AWARD RECOMMENDED a. HONORARY b. MONETARY SUSTAINED SUPERIOR PERFORMANCE CERTIFICATE OF ACHIEVEMENT AMOUNT \$ SPECIAL ACT OR SERVICE CERTIFICATE OF APPRECIATION AMOUNT \$ OTHER (Specify): PERFORMANCE BASED PAY ADJUSTMENT TO AMOUNT \$ ON-THE-SPOT AWARD (\*) AMOUNT \$ 6. NOMINATING OFFICIAL b. TELEPHONE NO. c. SIGNATURE a. TYPED NAME AND TITLE d. DATE (YYYYMMDD) e. FAX TELEPHONE NO. f. E-MAIL ADDRESS (\*) For On-The-Spot Award, this document, when signed by the appropriate official, constitutes authority to issue check in amount indicated. Authority AR 215-3, chapter 9. 7. COMPLETE ONLY FOR SUGGESTION AWARDS TANGIBLE SAVINGS \$ \_\_\_\_\_ APPROVED INTANGIBLE (ATTACH STATEMENT) DISAPPROVED 8. TYPED NAME AND TITLE OF SUGGESTION AWARDS 9. SIGNATURE 10. DATE (YYYYMMDD) CHAIRMAN OR NAF COORDINATOR 11. TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY APPROVED DISAPPROVED AMOUNT OF AWARD \$ 12. TYPED NAME AND TITLE 13. SIGNATURE 14. DATE (YYYYMMDD)

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16. JUSTIFICATION			
17. TYPED NAME OF SUPERVISOR	18. SIGNATURE		19. DATE (YYYYMMDD)

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