



U.S. Department of Transportation
Federal Highway Administration

RECOMMENDATION FOR QUALITY STEP INCREASE, CASH, TIME-OFF, OR HONOR AWARD

NUMBER _____

NAME OF EMPLOYEE: _____
POSITION TITLE: _____
SERIES: _____
GRADE/SALARY: _____

NAME AND LOCATION OF ORGANIZATION: _____

TYPE OF RECOMMENDATION

Quality Step Increase (QSI)

HONOR AWARDS:

Cash Award

Amt. Recommended

Administrator's Award for Superior Achievement

Superior Career Service Award

Individual Cash _____

Group Cash _____

On-the-Spot Cash _____

Individual Suggestion _____

Group Suggestion _____

Made A Difference Award

Quality Journey Award

Strive for Excellence Awards

Time Off Award

Hrs. Recommended

Customer Service

Team

Innovation

Individual Time Off _____

Group Time Off _____

On-the-Spot Time Off _____

Other _____

BENEFITS

Tangible \$ _____

Intangible: Value _____
Extent _____

LENGTH OF SERVICE IN FHWA _____

PERFORMANCE RATING ATTACHED (PA's and QSI's only)

RECOMMENDING OFFICIAL (*Name and Title*)

SIGNATURE

DATE

REVIEWING OFFICIAL (*Name and Title*)

SIGNATURE

DATE

APPROVING OFFICIAL (*Name and Title*)

SIGNATURE

DATE

Provide Basis of Recommendation on page 2 of this form.

Citation (If applicable - 23 word limit)

TO BE COMPLETED BY PERSONNEL REPRESENTATIVE

SOCIAL SECURITY NUMBER: _____

EFFECTIVE DATE: _____

NATURE OF ACTION CODE: _____

FH-APPROVAL LEVEL (*If Applicable*): _____

LEGAL AUTHORITY: _____

Z40 REMARK (If award paid by third party bank draft)

SIGNATURE: _____ DATE: _____

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BASIS OF RECOMMENDATION:

