ENVIRONMENTAL PROTECTION AGENCY

Recommendation for Incentive Award (Two Page)

Instructions:

1. **Awards should be based on EPA policy for award types, amounts and approval level (signature) requirements. For additional information on approval level requirements for awards, refer to the EPA Delegations Manual.**
2. **For detailed information on awards, review the EPA Recognition Policy and Procedures Manual.**
3. **Complete this two page form for all Individual Cash Awards, On-the-Spot Awards and Time-Off Awards for records:**
   Not under your security in FPPS;
   Amount of award is $5000 or greater; or
   FY cumulative amount is $5000 or greater
4. **Provide a copy of the completed form to the employee when the electronic award has processed.**

Employee Name: Ruth Muhtsun

Employee ID #: (b) (6)

Position Title (optional): Public Affairs Specialist

PP-Series-Grade (optional): GS-12

Organization (optional): External Communications Office

Type of Award:

- On-the-Spot Award (Individual Cash Award (~~Non-Rating Based)~~
- ~~Group Cash Award~~
- ✓ Individual Cash Award (Non-Rating Based)
- Group Time Off Award
- Time Off Award

Total Amount of Award ($): $3,300.00 AND/OR Total Number of Hours: _____

Type of Benefits on which the award is based (Cash awards only): Tangible Benefit Intangible Benefit

Value of Benefit:	Moderate	Substantial	High	✓ Exceptional
Extent of Contribution:	✓ Limited	Extended	Broad	General

Narrative Justification for Award:

(b) (6)

ENVIRONMENTAL PROTECTION AGENCY

Recommendation for Incentive Award

Page 2

Instructions:

1. **Page 2 Approval & Workcode is required when:**
   - **Award nominee is beyond the scope of your Region/AA-ship's security access**
   - **Award amount is $5,000 or greater; and/or**
   - **Award FY cumulative amount is $5000 or greater for the employee**
2. **Submit pages 1 and 2 to your SPO for processing**

Workcode/Percentages:

--- --- --- ---

--- --- --- ---

--- ---

Requesting Official:

Name: Phillippa Cannon

Position Title: Supervisory Public Affairs Specialist

Signature: Cannon, Phillippa Digitally signed by Cannon, Phillippa Date: 2020.05.21 14:30:27 -05'00'

Authorizing Official:

Name: _____

Position Title: _____

Signature: _____

Cumulative Amount Additional Approval (cumulative amount is $5000 or greater for fiscal year)

Supervisor: _____ DA/DRA/SRO: _____

Title: _____ Title: _____

Date: _____ Date: _____