

TIME-OFF AWARDS NOMINATION AND APPROVAL FORM

INSTRUCTIONS: This form is to be used for nominating and approving a Time-off Award. Please fill out all blocks on the form, including the signatures of the nominating supervisor and the approving official. When completed send it to the Office of Human Resources, MS 17.

Date received in OHR: _____

NAME OF Awardee (*Last, First, Middle Initial*)

SOCIAL SECURITY
NUMBER

DATE OF
NOMINATION

OFFICE NAME, ROOM NUMBER AND MRC CODE

NUMBER OF HOURS OF TIME
OFF RECOMMENDED

NUMBER OF HOURS
OF TIME OFF GRANTED

NOMINATED BY: (*NAME, TITLE AND SIGNATURE*)

DATE

APPROVED BY: (*NAME, TITLE AND SIGNATURE*)

DATE

TIME OFF AWARD MUST BE USED BY _____
(not later than 1 year after date of approval)

REASON FOR AWARD: Please complete a summary statement describing the employee's contribution that merits a time-off award.

The furnishing of social security numbers is required in order to process personnel actions necessary to record this award in individual official personnel records of award recipients.

cc: Award Recipient

SI Form 4154

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