

**MIDWEST AREA  
STANDARD OPERATING PROCEDURES  
MANUAL**

**PERSONNEL  
PART A**

Created by  
Program Administrative Support Task Group

## PERFORMANCE STANDARDS

Per Dr. Shafer's 6/22/06 memo: Performance plans must include credible measures of performance such as quality, quantity, timeliness, cost effectiveness, and customer perspective. Performance plans need to define standards and specific goals that will be used to determine whether organizational objectives are met. Supervisors and Research Leaders must make sure that each employee's performance plan has specific goals that support the identified strategic goals you already identified.

### CHECKLIST FOR PREPARING PERFORMANCE STANDARDS

Performance plans should be developed for each employee within 30 days of the beginning of the appraisal period or within 30 days of hire. The following are some reminders for establishing a performance plan. (New requirements for FY09 are in bold.)

- ✓ Check the employee's position description for accuracy; the major duties in the position description should be included in the performance plan as critical elements  
Accomplishment of organizational objectives and goals can be included in Performance Plans.
- ✓ Employee participation in developing the plan is desirable. However, the rating and reviewing officials have the final responsibility for establishing the performance plan.
- ✓ One Critical Element must contain a statement that aligns the standards with the Agency's Strategic Plan.
- ✓ Include results-focused performance measures for each performance element. Elements and standards should be accurate, objective, measurable, attainable, and understandable.
- ✓ **There must be at least three (3), but no more than seven (7), elements. At least one element must be critical, and at least one element must be non-critical.**
- ✓ All non-supervisory employees' performance plans must include (in at least one of the critical elements) the responsibility for demonstrating a commitment to EO/CR. Remember, non-supervisory employees also include those individuals who have limited supervisory responsibilities (such as, supervision of one technician or student, team leaders, etc.).
- ✓ Performance Plans must contain a critical performance element for safety and health, when warranted by the employee's position.
- ✓ Performance Plans may contain generic elements and standards for similar occupations.
- ✓ **An employee officially designated as "Supervisory", "Officer", or "Director" must have a separate critical performance element that addresses accountability for performance management duties.**

- ✓ **An employee officially designated as “Supervisory”, “Officer”, or “Director” must contain customer/stakeholder perspectives in their Performance Plans.**
- ✓ Each employee whose position is classified as a supervisor, with supervisory in their title, must have a separate performance element(s) that addresses EO/CR. (Positions classified as supervisor usually include the term Supervisory, Supervisor, Manager, Officer, or Administrator in the title.)
- ✓ **Subject performance plan statements are required for all members of EMS and SHEM Committees, Pesticide Applicators, Incinerator Operators, Wastewater Treatment Operators, Water System Operators, Location Environmental Officers, CDSOs, LRPOs, and others identified with significant collateral SHEM duties.**
- ✓ The performance plan must be signed by the employee, the supervisor, and the reviewing official (normally, the second-line supervisor). The employee should then receive a copy of the approved plan.

**NOTE: In FY10, all plans must be documented, in writing on Forms AD435A/B, Performance Plan Progress Review and Appraisal Worksheet.**

## **REMINDERS!**

The employee signs the cover sheet **after** the supervisor and reviewer have signed the proposed performance plan to be put in place.

There must be at least one documented progress review during the appraisal period. The documentation can be a note on the performance plan that the discussion took place and the date of the discussion initialed by employee and supervisor.

Communication between the supervisor and the employee is essential in the process of developing performance plans and supervisors must include the employee when the performance plan is being developed.

When the employee is being rated at the end of the Performance Appraisal Cycle, the final rating should not be communicated to the employee prior to the "Reviewing Official" review and signature approving the rating.

When an employee is assigned to a different supervisor or changes position during the appraisal period, the previous supervisor should prepare a summary rating and forward it to the employee's new supervisor for consideration in deriving the final performance rating on the employee.

Although the Area Office tries to include all this information in the MWA Appraisal Procedures e-mailed each cycle, in conjunction with the MWA Appraisal Procedures and Timetable, P&P 418.3 should be referenced when establishing performance standards as well as completion of performance reviews. [P&P 418.3, ARS Performance Appraisal System](#) is a resource for performance appraisal procedures.

The above information is only to make you aware of the performance appraisal procedures. Thank you for your attention in this matter. If you have any questions please feel free to contact me.

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### Individual Development Plans

Within two weeks of the performance appraisal discussion session, an IDP must be prepared for all permanent employees. The following are a couple of IDP tips to remember:

A new IDP does not have to be prepared each year; the current IDP may be merely updated instead.

IDPs are not limited to only formal and on-the-job training. IDPs should also include such self-development activities as:

Reading material related to the work of the position, self-directed learning such as watching videos, reading books, and listening to cassettes, etc. that are related to the employee's performance.

See next page for sample.

<u>INDIVIDUAL DEVELOPMENT PLAN</u>	
<u>1. EMPLOYEE'S NAME (Last, first, initial)</u> Wilson-Voss, Lori L.	<u>4. DESCRIPTION OF WORK ASSIGNMENTS</u> A... Current Performance Elements Identified for Development/Training Computer operations and telecommunications Resource management plan/budget Supervises employees in an unbiased work place and fosters teamwork  B... Protected/Potential Assignments Monitors NCRPIS expenditures accurately Prepares manuscripts, correspondence, etc. accurately and promptly
<u>2. CURRENT POSITION TITLE</u> Supervisory Program Assistant	
<u>3. ORGANIZATIONAL NAME AND LOCATION</u> USDA-ARS Plant Introduction Station Iowa State University Ames, IA 50011	
<u>5. Performance Related Knowledge, Skills, and Abilities</u>  Knowledge of computer spreadsheets.  Knowledge of computer operations.  Improve supervisory skills	<u>6. Development Work Experiences (On-the-job assignments, Self development)</u> Read and study manuals for Excel. Practice by completing exercises and tutorials in manuals and workbooks. Use up-to-date versions of software.  Develop a better understanding of computer operations through working with other staff members and agency personnel.  Read and study "The Seven Habits of Highly Effective People".  <u>7. Formal Training (Courses, Seminars)</u>  Utilize on-line computer courses. Attend training of RTS at NADC.  Attend related short courses at ISU.
<u>8.</u> The supervisor and employee have completed the IDP process and have determined that no training or development needs are indicated at this time.	<u>9. SIGNATURE and DATE</u>  EMPLOYEE  SUPERVISOR  APPROVING OFFICIAL

## **PERFORMANCE APPRAISALS (AD-435P)**

Form AD-435P, Performance Appraisal Form, is used for ARS permanent employees and those appointed initially for longer than one year require an annual performance review. To be rated an employee must have been in his/her position and under performance standards for 90 days or more. Beginning in FY09, all employees will be rated from October 1 through September 30.

A Midwest Area Timetable for Completion of Appraisals is sent out from the Area Office each appraisal cycle. This timetable lists the various deadlines involved with completion of the AD-435 forms and any award forms needed in conjunction with Performance ratings (Fully Successful, Superior, and Outstanding).

### **PERFORMANCE EVALUATION PROCESS SUMMARY**

1. The electronic AD-435P can be downloaded from the [REE Forms](#) web site.
2. Employees are to prepare documentation (limit of three pages, 12 pt, Times New Roman font, 1 inch margins) of last year's accomplishments. List the element with "bullet" statements to document accomplishments.
3. Supervisors are to "annotate" the document that the employees prepared, to indicate their evaluation of the accomplishments, either within the document or as a separate page. The Supervisor's documentation should not exceed one page for a total of four pages.
4. The Supervisor will then complete the draft electronic AD-435P using the documentation in step 3 and if a scientist, include the ARS-115 Detail by Author Report from ARIS.
5. The Supervisor will submit the electronic AD-435P and the documentation to the Area Office by the requested date.
6. Research Leaders/Non-SES Center Directors that report directly to the Area Director are to complete the document identified in step two above and an electronic AD-435P with the elements listed to the Area Office.
7. The Area Director as the Reviewing/Rating Official will review the material provided and after consultation with the supervisor, if necessary, sign and date the AD-435P and will e-mail the Supervisor concurrence by the date indicated from the Area Office.
8. The Supervisor will meet with the employee to complete the evaluation.
9. The Supervisor will return the following to the LAO: Completed and signed (hardcopy) AD-435P, copy of Standards along with performance documentation, Award Forms if appropriate, and a copy of the new Performance Standards signed by the employee and supervisor.
10. The AO will consolidate the material and forward to the Area Office by the date requested.
11. The Area Director will sign the AD-435P using the date that the draft was signed. The Award Forms and the new Performance Standards will be signed with the current date.
12. The Area Office will forward the AD-435P and Award Forms to HRD for processing and return the signed Performance Standards to the AOs.
13. After the rating and reviewing official have signed the AD-435P, the performance discussion has taken place, and the employee has signed their AD-435P, a copy needs to be made for the employee and a copy should be retained in the supervisor's records.

**United States Department of Agriculture  
Performance Appraisal**

1 Social Security No. 123456789		2 Position Number 000WXXXX		3 Pay Plan GS		4 Occup.Series 0404	
5 Name (Last, First, Middle Initial) SINATRA, NANCY			6 Grade/Step or Pay Level 02/01			7 Appraisal Period From: 04/01/2003 To: 03/31/2003	
8 Official Position Title BIOCL SCI AID			9 Organization Structure Code 03 30 36 3625 12 00 00 00				
10 Duty Station 03 30 36 3625 12 00 00 00		11 Funding Unit		12 Agency Use		13 NFC Use	
<p><u>Instructions</u></p> <p>Blocks 1 through 10, completed by NFC, should be reviewed and, if necessary, corrected.          Block 11. Enter funding unit number.          Block 14. Enter brief description of performance elements.          Block 15A. Check performance elements identified as critical.          Blocks 15B, 15C, 15D. Rate actual performance by entering 2 for critical elements and 1 for non-critical elements in appropriate column.</p> <p>Blocks 15E, 15F, 15G. Enter total of each column.          Block 15H. Enter total from 15E, 15F, and 15G.          Block 16A. Check off the correct summary rating described in decision table (16B).          Blocks 17 through 22. Self-explanatory.</p>							
14 Performance Elements				15A Critical Element (✓)	15B Exceeds Fully Successful	15C Meets Fully Successful	15D Does Not Meet Fully Successful
1) ASSISTS WITH FIELD AND LAB WORK				X			
2) MONITORS SUPPLIES							
COOPERATIVE INTERACTION WITH CURATORS AND OTHER							
3) STAFF/TEAMWORK				X			
4) SUPPORTS AND PARTICIPATES IN SAFETY, EMPLOYEE HEALTH AND ENVIRONMENTAL PROTECTION PROGRAMS				X			
5)							
6)							
7)							
8)							
9)							
10)							
16B Decision Table (check off Summary Rating in block 16A)					15E Exceeds	15F Meets	15G Does Not Meet
Rating of Outstanding if 15E equals 15H. Rating of Unacceptable if any critical element is rated in 15D. Rating of Superior if no element is rated in 15D; 15F is greater than zero; and 15E is greater than 15F. Rating of Marginal if 15G is greater than 15E, and no critical element is rated 15D. Rating of Fully Successful if none of the above apply.					15H Enter Total (15E + 15F + 15G = 15H)   15H		
					16A Summary Rating (See Decision Table in 16B)		
					<input type="checkbox"/> Outstanding <input type="checkbox"/> Superior <input type="checkbox"/> Fully Successful <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable		
17 Employee - Standards of Conduct and Ethical Responsibilities (Check off appropriate boxes)							
a I have a copy of the Government wide standards of ethical conduct and any USDA and agency supplemental regulations governing conduct <input type="checkbox"/> YES <input type="checkbox"/> NO							
b I attended the required annual ethics training. <input type="checkbox"/> YES <input type="checkbox"/> NO							
18 Employee's signature   Date				If employee did not sign, state reason.			
(Instructions for resolutions of disputes are on Page 2)							
19 Supervisor's Signature   Date				20 Reviewer's Signature   Date			
21 Approving Official's or Funding Unit Manager's Signature (optional)   Date							

ad 435

## **DETAIL BY AUTHOR REPORTS**

The following instructions are to be used by the MU Secretary to generate the Detail by Author Report from ARIS, which will be used at appraisal time for Category 1, 2, 3, and 4 SYs. The Detail by Author Report is used to produce the summary table which is inserted into the SY documentation.

The following ARIS instructions begin from the Main Menu:

1. Research Documentation
2. Reports
3. 115 Author Reports
4. Insert approval dates (e.g.: 01/01/2005:12/31/2005) and author's last name
5. Click on Query
6. When list is created, click on Action
7. Mark all records then click on Reports
8. Select Detail by Author
9. Print

## Awards

### General Information

#### Assigning Case Numbers

The full 11-digit Award Case Number consists of the following:

Positions 1-4, Agency Code = 03 36

Position 5, Fiscal Year Award Effective = 01 (= 2001)

Position 6, “I” for Individual Award or “G” for Group Award

Position 7-11, Sequential Case Number from the list assigned by LAO

#### Who is the Approving Official?

Area Director must approve Employee Suggestion, Extra Effort Award, Performance Bonus Award, and Quality Step Increase. Spot Awards and Time off Awards up to 10 hours may be approved by Research Leaders, Center Directors, and Administrative Officer AS LONG AS THE RECOMMENDING INDIVIDUAL AND APPROVING OFFICIAL ARE DIFFERENT PEOPLE.

CHECK WITH YOUR ADMINISTRATIVE OFFICER (AO) FOR PROCESSING COMPLETED AWARD FORMS.

### Key to Award Amounts

“Guide for Employee Recognition” can be found at [www.usda.gov/da/employ/recog.htm](http://www.usda.gov/da/employ/recog.htm)

#### 1. **Extra Effort Award**

Apply the Contribution in Block 11 of the AD-287-2 Award form according to the Scale in the “Guide for Employee Recognition”, and itemize in Block 15, and the result is the Award Amount in Block 14. However, if the Contribution in Block 11 can be measured in terms of time saved, money saved, or expenditures avoided, use the Scale in the Guide to determine the Award Amount in Block 14. The contribution (and justification, if necessary) must support the applicable Benefits Scale and the Award Amount.

#### 2. **Spot Award**

Apply the Contribution in Block 11 of the Award form according to the Scale in the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution must support the Benefits Scale and Award Amount.

#### 3. **Time-Off Award**

Apply the Contribution in Block 11 of the Award form according to the Scale in the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution (and justification, if necessary) must support the Time-Off Scale and number of Time-Off Hours.

4. **Performance Bonus Award**

Apply the Contribution in Block 11 of the Award form according to the Scale in the Guide, and the result is the Award Amount in Block 19. The Contribution (and justification, if necessary) must support the Benefits Scale and Award Amount.

Justification Statements

Justification Statements are required in addition to completing Block 11 of the Award form:

1. For any monetary award amount
2. If giving over 10 Time-Off hours
3. A separate Performance Appraisal narrative explaining how the employee met the Elements can also be used as the Justification Statement.
4. Appendix C of the Guide for Employee Recognition provides a justification outline that may be helpful.

Award Limitations

1. **Spot Award**--Range from \$50 to \$750. No employee may receive a spot award for more than \$750 per award but there is no limit on the number of awards received per year.
2. **Time-Off Award**--Employee may be granted a maximum of 40 hours of time off for a SINGLE contribution. Employee may be granted a TOTAL of 80 hours of time off during a LEAVE YEAR. The leave must be used within one year after the effective date of the award. Award is effective on the first pay period following approval. After the one-year period, any unused time off is forfeited. If a person leaves the agency, the award time is lost. A time-off award is never converted to cash; nor is the time added to annual leave. Before a time-off award can be used, it first has to be added to the STAR system by the timekeeper once the award is in the NFC system (check IRIS). NOTE: if the employee tries to use the hours before they are entered into the system, NFC will take the hours out of their annual leave balance or any other available balance if annual leave is depleted. This is a real mess to fix.
3. **Performance Bonus Award**--Employee must receive a Performance Appraisal Summary of Fully Successful or higher. Award amount cannot exceed 10% of an employee's annual salary. Employee can receive only one Performance Bonus Award per Performance Appraisal Cycle.
4. **Quality Step Increase**--Employee must receive Outstanding Performance Appraisal Summary Rating. An employee is not eligible for a QSI if appointed or promoted within the past year. A minimum of 52 weeks must elapse between QSIs.

Helpful References:

- USDA Guide for Employee Recognition, [www.usda.gov/da/employ/recog.htm](http://www.usda.gov/da/employ/recog.htm)
- [P&P 418.3, ARS Performance Management and Recognition System](#)

Value of Benefit	Application	Application	Application
	Limited: Impacts the public interest, or a specific small work (MU) unit to as large as a division or region (MWA)	Broad: Impacts the public interest, or several regional areas or an entire agency	General: Impacts the public interest or more than one agency (ARS) or the entire Department
Small/Moderate	\$50-\$325	\$325-\$650	\$650-\$1300
Moderate or Substantial	\$325-\$650	\$650-\$1300	\$1300-\$3150
Substantial or Extended	\$1000-\$2500	\$2500-\$5500	\$5500-\$10,000

Performance Awards must have a copy of the AD-435P and supporting documentation, i.e., employee justification statement, employee accomplishments, or supervisor's annotations. Include specifics of what was accomplished for monetary awards in excess. A justification must accompany any rating of Outstanding.

Source: USDA Guide for Employee Recognition (Blue Book)  
[www.usda.gov/da/employ/recog.htm](http://www.usda.gov/da/employ/recog.htm)

Sample of Time Off Award

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>		CASE NO. (Personnel Use Only) <b>36411235</b>
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE OFF AUTOMATION ASST	5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/02
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 10/18/03 To: 06/11/04	8. ACCOUNTING CODE 4013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)  
Performance Award: \$470, 06/14/2003

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)  
EMPLOYEE IS BEING RECOGNIZED FOR:

Reorganizing the library and cataloging the books into a computer system.

COMPLETE THE APPROPRIATE AWARD SECTION					
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input type="checkbox"/> SPOT AWARD	<input checked="" type="checkbox"/> TIME OFF AWARD **	<input type="checkbox"/> OTHER *
	<input type="checkbox"/> KEEPSAKE AWARD		<input type="checkbox"/> GAINSHARING AWARD		
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) 8 hours	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$
				<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS Small
					APPLICATION Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *	<input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.			
* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		

RECOMMENDATION AND APPROVAL			
20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
	06/30/04		06/30/04
TITLE: Secretary		TITLE: Research Leader	
22. APPROVING OFFICIAL (Signature & Title)			DATE
Research Leader			06/30/04

PERSONNEL USE ONLY							
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE	
29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED				

November 2008

I certify that the proposed action is in compliance with statutory and regulatory requirements

Sample of Spot Award

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>		CASE NO. (Personnel Use Only) <b>36511234</b>
<b>NOTE:</b> For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY <b>USDA-ARS</b>	2. NAME OF EMPLOYEE (Last, first, middle initial) <b>Doe, John B.</b>	
3. SOCIAL SECURITY NO. <b>123-45-6789</b>	4. POSITION TITLE <b>PHYS SCI TECHNCN</b>	5. PAY PLAN-SERIES/GRADE/STEP <b>GS-1311/08/02</b>
6. ORGANIZATION AND LOCATION <b>USDA-ARS-NCSCRL, Morris, MN</b>	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: <b>10/18/04</b> To: <b>10/22/04</b>	8. ACCOUNTING CODE <b>5013645176</b>
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		(ADDRESS)

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)  
QSI: 05/03/2004

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)  
EMPLOYEE IS BEING RECOGNIZED FOR:

Modifying the old piece of equipment to increase productivity in the new laboratory by 150%.

<b>COMPLETE THE APPROPRIATE AWARD SECTION</b>					
<b>EXTRA EFFORT AWARD</b>	12. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input checked="" type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD **	<input type="checkbox"/> OTHER *
	<input type="checkbox"/> KEEPSAKE AWARD	<input type="checkbox"/> GAINSHARING AWARD			
* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
	13. NO. OF PERSONS <b>1</b>	14. TOTAL AWARD (Give dollar amount / hours, or value of item) <b>500.00</b>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	<input type="checkbox"/> MEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$
				<input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS <b>Substantial</b>
					APPLICATION <b>Limited</b>
<b>PERFORMANCE BONUS AWARD</b>	16. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> PERFORMANCE BONUS AWARD *	<input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.			
* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		

<b>RECOMMENDATION AND APPROVAL</b>			
20. RECOMMENDING INDIVIDUAL (Signature)	DATE <b>10/28/2004</b>	21. REVIEWING OFFICIAL (Signature)	DATE <b>10/28/2004</b>
TITLE: <b>Soil Scientist</b>		TITLE: <b>Research Leader</b>	

22. APPROVING OFFICIAL (Signature & Title) \_\_\_\_\_ DATE \_\_\_\_\_  
**Midwest Area Director**

<b>PERSONNEL USE ONLY</b>							
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE	
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED	

\*U.S. GPO: 1977-516-741/85276  
This form was electronically produced by Elite and modified by USDA/ARS/ITD using InForms software. Form AD-287-2 (7/94)

Sample of Extra Effort Award

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>		CASE NO. (Personnel Use Only) <b>3641230</b>
NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY <b>USDA-ARS</b>	2. NAME OF EMPLOYEE (Last, first, middle initial) <b>Doe, John B.</b>	
3. SOCIAL SECURITY NO. <b>123-45-6789</b>	4. POSITION TITLE <b>CHEMIST</b>	5. PAY PLAN-SERIES/GRADE/STEP <b>GS-1320/11/06</b>
6. ORGANIZATION AND LOCATION <b>USDA-ARS-NCSCRL, Morris, MN</b>	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: <b>01/01/2003</b> To: <b>02/01/2004</b>	8. ACCOUNTING CODE <b>4013645176</b>
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		(ADDRESS)
10. LIST AWARDS OR OSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.) None		

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

exemplary efforts in cooperating with NRCS and cooperating farmers to collect, summarize and analyze data.

COMPLETE THE APPROPRIATE AWARD SECTION					
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input checked="" type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD				
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.				
	13. NO. OF PERSONS <b>1</b>	14. TOTAL AWARD (Give dollar amount / hours, or value of item) <b>500</b>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$	VALUE OF BENEFITS <b>Moderate</b>
					APPLICATION <b>Limited</b>
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)				
	<input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.				
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$		

RECOMMENDATION AND APPROVAL			
20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
TITLE: Soil Scientist		TITLE: Research Leader	
22. APPROVING OFFICIAL (Signature & Title) <b>Midwest Area Director</b>			DATE

PERSONNEL USE ONLY							
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE	
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL (Signature & Title)	DATE PROCESSED			

\*U.S. GPO: 1977-518-741/85276  
This form was electronically produced by Elite and modified by USDARSATD using InForms software.

Sample of Performance Bonus Award

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>		CASE NO. <i>(Personnel Use Only)</i> <b>36411229</b>
<b>NOTE:</b> For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.		
1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE <i>(Last, first, middle initial)</i> Doe, John B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE BIOLCL SCI LAB TECHNCN	5. PAY PLAN-SERIES/GRADE/STEP GS-0404/05/01
6. ORGANIZATION AND LOCATION USDA-ARS-NCSCRL, Morris, MN	7. PERIOD COVERED FOR AWARD <i>(mm, dd, yy)</i> From: 04/01/2003 To: 03/31/2004	8. ACCOUNTING CODE 4013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER <i>(Specify address):</i> →		
10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS <i>(Specify type of award, amount received, and effective date.)</i> NONE		

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. *(This language will appear on the employee's certificate.)*  
EMPLOYEE IS BEING RECOGNIZED FOR:  
For superior performance during the period 4/1/2003 through 3/31/2004.

<b>COMPLETE THE APPROPRIATE AWARD SECTION</b>			
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i> <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD <i>* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government.</i> <i>** Attach a description if the contribution exceeds the moderate benefits.</i>		
	13. NO. OF PERSONS	14. TOTAL AWARD <i>(Give dollar amount / hours, or value of item)</i>	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: <i>(Check approp. box)</i> → <input type="checkbox"/> MEASURABLE BENEFITS SCALE    ESTIMATED FIRST YEAR SAVINGS \$ <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE    VALUE OF BENEFITS    APPLICATION
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED <i>(check one)</i> <input checked="" type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * <i>Certification: I certify, by my signature in the Recommendation &amp; Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.</i> <i>* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.</i>		
	17. DATE OF LAST PROMOTION (Get these dates from your LAO if you do not have them.)	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$ 540.00

<b>RECOMMENDATION AND APPROVAL</b>			
20. RECOMMENDING INDIVIDUAL <i>(Signature)</i>	DATE 04/10/2004	21. REVIEWING OFFICIAL <i>(Signature)</i>	DATE 04/10/2004
TITLE: Soil Scientist		TITLE: Research Leader	
22. APPROVING OFFICIAL <i>(Signature &amp; Title)</i> Midwest Area Director			DATE

<b>PERSONNEL USE ONLY</b>						
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: <i>(Grade &amp; Step)</i>	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements			29. PERSONNEL OFFICIAL <i>(Signature &amp; Title)</i>		DATE PROCESSED	

\*U.S. GPO: 1977-516-741/85276

This form was electronically produced by Elite and modified by USDA/ARS/ITD using InForms software.

Form AD-287-2 (7/94)

**FOR ALL SIGNIFICANT OUTSIDE AWARDS RECEIVED BY ARS EMPLOYEES**

**ARS Awards Newsletter Information Form**

- 1) Area: 2) Date Submitted:
- 3) Person or group receiving recognition (*NOTE: Please spell out first and/or middle names unless initials are specifically preferred. If person is retired or no longer with ARS, so indicate. For groups, identify leader if appropriate*):
- 4) Position and/or job title:
- 5) Office or laboratory and/or research unit:
- 6) Location: Phone:
- 7) Award, honor, or distinction (*NOTE: Complete separate form for each award to be mentioned*):
- 8) Organization making award:
- 9) Is award being shared with others? If so, co-recipient(s) to be mentioned (*NOTE: Include agency, company, or university affiliation for each co-recipient*):
- 10) Reason for recognition (*NOTE: Please be as specific and concise as possible*):
- 11) Date and/or location of presentation:
- 12) Other information:

**Forward to:**

**Jan Suszkiw, Awards Writer  
ARS Information Staff  
5601 Sunnyside Ave., Bldg. 1, Mailstop 5129  
Beltsville, MD 20705  
Phone (301) 504-1630/ Fax (301) 504-1641/ Email: [jsuszkiw@ars.usda.gov](mailto:jsuszkiw@ars.usda.gov)**

Dated: Sept. 2000  
Forward to AD Office through Center Director or RL