Nomination for EMCBC Thank You Award

Submit all award nominations at thankyou@emcbc.doe.gov

1. Nominee (Last, First MI):	2. Organization:
3. Justification:	
As the Nominator, under penalty of perjury, I certify that the nominee: (1) is not in my supervisory chain; (2) does not have a "covered relationship" as defined in 5 C.F.R. 2635.502 with me; (3) does not have interests which are attributable to me pursuant to 18 U.S.C.208; and (4) is not a "relative" of mine, as defined in the nepotism statute, 5 U.S.C. 3110.	
4. Nominator (Last, First MI):	5. Nominator's Supervisor/Manager (Last, First MI):

Signature Date

Signature Date

6. Nominee's Supervisor (Last, First MI):	7. HR Specialist (Last, First MI):

Signature Date

Signature Date

Office of Financial Management

Nomination complies with current program guidance. Funds are availabe and approved for this award.

Fund	Appropriation Year	Allottee	Reporting Entity	Object Class	Program	Project	WFO	Local use

Signature: _____ Date: _____

Privacy Act Statement

5 U.S.C. 4503 and 5 C.F.R. 451.106 authorize solicitation of this information. The information will be used by the agency to determine the employee's eligibility for anonmonetary award and to approve and record the award. This information may be shared with The Office of Personnel Management for evaluation/audit purposes, theOffice of Government Ethics, if requested, and with Federal, State or local law enforcement agencies when they are investigating a violation or potential violation of thecivil or criminal law. The furnishing of this information is voluntary; however, failure to provide it will result in disapproval of the award.