U.S. DEPARTMENT OF ENERGY
ENVIRONMENTAL MANAGEMENT CONSOLIDATED BUSINESS CENTER
NOMINATION FOR TIME-OFF AWARD

Instructions: This form is to be used to nominate an employee, or group of employees, for an EMCBC Time-Off Award (awards for a group of employees must contain a separate nomination form and justification for each member of the group). All nominations must be sent to the nominated employee's servicing HR office for processing. All awards are subject to the approval of the employee's rating chain and availability of funds.

References: 5 USC 45, 5 CFR 451, DOE Order 331.1C, EMCBC Incentive Awards and Recognition Program IP

1. Employee Name (Last, First, MI) and Organization:	2. Title/Pay Plan/Series/Grade:	3. Date(s) of Achievement:

4. Recommended amount of EMCBC Time-Off Award (not to exceed 80 hours in a 52-week period):	5. Approved amount of EMCBC Time-Off Award (not to exceed 80 hours in a 52-week period):

6. Justification (All justifications must be written in the **S**ituation, **T**ask, **A**ction, **R**esult (STAR) technique. Please identify the value of benefit and extent of application of the action or service IAW Appendix P: Time-Off Awards Scale of DOE O 331.1C. Use additional pages if needed):

7. Name/Title of Initiator:	7a. Date:	7b. Signature:
8. Name/Title of Supervisor (if other than the initiator):	8a. Date:	8b. Signature:
9. Name/Title of OHR Official:	9a. Date:	9b. Signature:
10. Name/Title of OFM Official:	10a. Date:	10b. Signature:

11. Name/Title of Approving Official:	11a. Date:	11b. Signature:	12. Effective Date in CHRIS:	13. Input by (initials):