

EMCBC Incentive Award Review Panel

Nominee: _____

Date(s) of Accomplishment: _____

Initiator: _____

Nominee's Supervisor: _____

Proposed Type of Award: _____

Proposed Award Amount: _____

Reason for Award:

Is the proposed award amount consistent with applicable policies and similar accomplishments?

_____ YES _____ NO

If not, what award amount is recommended by the IARP?

Recommended Award Amount: _____

Justification for recommended award amount, if different from proposed award (use additional pages if necessary):

Panel Chairperson

Date

Panel Member

Date

Panel Member

Date

Panel Member

Date

Incentive Award Program Manager

Date