

IDAHO MILITARY DIVISION RECOMMENDATION FOR INCENTIVE AWARD

PART A TO BE COMPLETED BY REQUESTING ACTIVITY				
1. NAME (LAST, FIRST, MIDDLE INITIAL)			2. DATE	
3. TYPE OF AWARD RECOMMENDED BONUS [] _____ (\$2,000 max per state FY) QSI [] STEP _____ SUGGESTION AWARD [] _____ (\$2,000 max per state FY)			4. PERFORMANCE PERIOD DATES FROM _____ TO _____	
5. ORGANIZATION:			6. PRESENT POSITION: (TITLE, GRADE, STEP/HOURLY RATE)	
7. POSITION DATA DURING PERIOD OF RECOMMENDATION (TITLE, GRADE, STEP & HOURLY RATE IF OTHER THAN ITEM 6)			8. NAME AND SIGNATURE OF ACTIVITY MANAGER:	
9. SIGNATURE, TITLE AND PHONE NUMBER OF APPRAISER (Supervisor):				
PART B TO BE COMPLETED BY HUMAN RESOURCES OFFICE				
TYPE AND DATE OF INCENTIVE AWARDS PREVIOUSLY GRANTED:				
PART C TO BE COMPLETED BEFORE GOING TO LOCAL AWARDS BOARD				
OFFICIAL	APPROVED	DISAPPROVED	SIGNATURE	DATE
PROGRAM MANAGER				
HRO (REQUIREMENTS)				
SAO (FUNDING)				
PART D TO BE COMPLETED BY STATE INCENTIVE AWARDS BOARD				
1 a. TYPE OF AWARD RECOMMENDED: (MAY BE DIFFERENT THAN ORIGINATOR'S RECOMMENDATION) BONUS [] AMOUNT _____ QSI [] SUGGESTION AWARD [] AMOUNT _____				
1 b. RECOMMEND APPROVAL [] RECOMMEND DISAPPROVAL [] (ATTACH EXPLANATION)				
2. BOARD PRESIDENT SIGNATURE, TITLE AND DATE _____				
PART E TO BE COMPLETED BY APPROVING OFFICIAL				
OFFICIAL	APPROVED	DISAPPROVED	SIGNATURE	DATE
TAG				