FOUO - Privacy Sensitive when filled in.

## **Time Off Award Nominations**

1. Name of Employee Reco	mmended for Award			
Last Name		First	First	
2. Title / Series / Grade				
Title	Series			Grade
3. Organization / Code			4. Time Off Awa	rd Hours Recommended
Organization	Code		Hours	
nun	nber of time off hours recomm	mployees, add a list identifying ea lended. Time off hours may vary ution to the special act or service	depending on the relative	
5. Justification for the Awa	rd. Provide information on the	ne basis for the award.		
6. Record of Nomination ar Recommending Official (s)	nd Approvals			
	Title	Signature	Date	9
	Title	Signature	Date	2
Approving Official				
Approved	Disapproved	Time off hours approved, if other than what was recommended :		
	Title	Signature	Date	2
For HROM Use Only				

Names of Empolyees Recommended for Award	Recommended Time Off Hours