



RECOMMENDATION FOR SPECIAL COMPENSATION AWARD

SECTION I - TO BE COMPLETED BY OPERATING OFFICE

1. EMPLOYEE NAME: (Last, First, Mi)		DATE:
2. EMPLOYEE WORK ADDRESS:		
3. PRESENT POSITION TITLE:	GRADE:	SALARY:
4. TYPE OF RECOGNITION RECOMMENDED: (Incentive Leave Award, Lump-Sum Payment of Annual Leave, Lump-Sum Bonus Payment)		
5. PROVIDE JUSTIFICATION FOR RECOMMENDATION IN THE REMARKS SECTION BELOW		
DESCRIPTION OF SIGNIFICANT PROJECT, JOB ASSIGNMENT, MAJOR PROJECT MILESTONE, OR TEMPORARY JOB RESPONSIBILITIES:		
6. POSITION TITLE AND SALARY DURING PERIOD OF RECOMMENDATION: (if different than item 3.)		
7. OFFICE LOCATION:	8. SALARY FUNDING SOURCE:	
9. NAME & TITLE OF IMMEDIATE SUPERVISOR:	SIGNATURE:	
10. NAME & TITLE OF APPROVING OPERATING OFFICIAL:	SIGNATURE:	

SECTION II - TO BE COMPLETED BY ARKANSAS DEPARTMENT OF THE MILITARY HUMAN RESOURCE OFFICE

11. TYPE AND DATE OF INCENTIVE AWARD(S) OR MERIT INCREASE(S) PREVIOUSLY GRANTED: (Except Length of Service)

SECTION III - TO BE COMPLETED BY DOTM SPECIAL COMPENSATION AWARD COMMITTEE/APPROVING AUTHORITY

12. RECOMMENDED APPROVAL OF FOLLOWING AWARDS:			
<input type="checkbox"/> LUMP-SUM BONUS	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> INCENTIVE LEAVE	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> LUMP-SUM ANNUAL LEAVE	TOTAL AMOUNT:	INITIAL AMOUNT:	ADDITIONAL AMOUNT:
<input type="checkbox"/> DISAPPROVED (Disapproved, Attach Explanation)	TITLE:	SIGNATURE	DATE:

SECTION IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY

APPROVING AUTHORITY AND ACTION	ADDITIONAL INCENTIVE AWARD		SIGNATURE	DATE
IMMEDIATE SUPERVISOR: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
2 ND LINE SUPERVISOR: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
DOTM SCA COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		
ADJUTANT GENERAL (OR DESIGNEE): <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVED	RECOMMEND		

JUSTIFICATION FOR AWARD

1. Attach statement justifying the recommendation and one copy of Position Description for position on which recommendation is based.
2. Justifications for displaying outstanding performance in successfully completing a significant project, job assignment, or completing a major project milestone must include:
 - A description of the project or assignment prompting the special compensation award.
 - A description of the work that was completed as part of the project or assignment.
 - The names of other employee or employees who were submitted for a special compensation award for the same project or assignment.
 - A description of how the employee was selected for the project or assignment that prompted the request for the special compensation award.
 - The special compensation award you are recommending for the employee.
3. Justifications for assuming temporary job responsibilities for a period not to exceed six (6) months that were beyond the scope of work typically performed by the employee and produced measurable results that enhance the mission, and goals of the agency must include:
 - A list of the regularly assigned job responsibilities of the employee.
 - A list of the temporary job responsibilities assigned to the employee.
 - The names of other employee or employees who were submitted for a special compensation award related to the basis for the award.
 - A description of how the employee was selected for the temporary job responsibilities that prompted the request for the special compensation award.
 - A description of the special compensation award recommended.

REMARKS