

DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
Fort Hood, Texas 76544-5058
20 April 1993

C1, III CORPS & FH PAM 690-50

Civilian Personnel
INCENTIVE AWARDS PROGRAM

SUMMARY. This change to III Corps & FH Pam 690-50, 15 February 1991, provides guidance for the Time Off Awards Program.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the Directorate of Civilian Personnel. Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: AFZF-CP-IA, Fort Hood, Texas 76544-5056.

1. Add new pages as follows:

Insert pages

20a through 20e

2. File this transmittal sheet in front of the publication.

FOR THE COMMANDER:



ROBERT S. COFFEY
Brigadier General, USA
Chief of Staff

WILLIAM E. PARKER
LTC, SC
DOIM

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TIME OFF AWARDS (TOA)**6-1****Overview**

TOAs consist of time off during a leave year without charge to leave or loss of pay as an award for achievements which contribute to the Army's mission.

Time granted

- must be documented. An SF 50 will be retained in the employee's personnel folder.
- will not be in increments less than 1 hour.
- will not exceed 40 hours for a single contribution.
- will not exceed 80 hours during a leave year.
- must be scheduled and used within 1 year of the approval date.
- must be used prior to transfer to another DOD agency or forfeited.
- cannot be transferred outside of DOD.
- may not be converted to a cash payment under any circumstance.
- to part-time employees or employees with uncommon tours of duty
 - for a single contribution will not exceed one-half the maximum amount of time that could be granted in the leave year.
 - for the leave year will not exceed the average number of work hours in the employee's biweekly scheduled tour of duty.

Group awards

- will be shared by group members according to the extent of their contribution to the overall achievement.
- where contributions are equal, the award amount would be divided equally among all employees.

NOTE: Time off would then be determined by dividing each employee's share of the award amount by their hourly rate of pay. Time off granted would not be the same for each employee due to differences in pay rates.

6-1a**Eligibility**

TOAs may be awarded to all Appropriated Fund, Department of the Army civilian personnel.

Eligibility is determined by considering the extent of the contribution to the Army's mission.

(continued on next page)

Eligibility (cont) The extent of contribution will also be considered when determining the amount of time off that is approved.

Achievements must

- directly support the Army mission.
- result in benefits to the Government similar to Special Act or Service Awards and On-the-Spot cash awards.

NOTE: The tangible/intangible benefits criteria (pages 6 and 7) will be used to determine benefits and the award amount for nominations for awards of more than 1 day off. The award amount will then be converted to time off using the employee's hourly rate of pay. (Determine the hourly rate by dividing the annual salary by 2087 hours then divide the award amount by the hourly rate. Round up to the nearest hour).

6-1b

Nomination DA Form 1256 (figures 6-1-1 and 6-1-2) is submitted in an original and three copies with

- a short description of employee's achievement for awards of 1 day or less (figure 6-1-3).
- a justification (figure 6-1-4) which includes the tangible/intangible criteria which was used to determine the extent of the contribution and the award amount which was used to determine actual time off for awards exceeding 1 day.
- indication that the award is a TOA.
- the length of time off.
- the signature of the nominating and/or approving official.

NOTE: No proposed citation is required.

6-1c

Approval Authority

First line supervisors are authorized to approve awards up to 1 day off.

III Corps and Fort Hood major subordinate command and heads of major staff sections, i.e., those reporting directly to the Garrison Commander, Chief of Staff, and Commanding General approve awards which exceed 1 day off.

Tenant activities may approve awards in accordance with approval levels designated by the next higher headquarters. A regulatory compliance check will be made through the DCP.

NOTE: Absent next higher headquarters guidance, tenant activities may establish approval authority as deemed appropriate. A regulatory compliance check will be made through the DCP.

6-1d

INCENTIVE AWARD NOMINATION AND APPROVAL				
For use of this form, see AR 672-20; the proponent agency is Office of the Deputy Chief of Staff for Personnel.				
PART I - TO BE COMPLETED BY OPERATING OFFICE				
1 EMPLOYEE'S LAST NAME - FIRST NAME - MI Jones, Eureka K.		2 SOCIAL SECURITY NO. XXX-XX-XXXX	3 ORGANIZATION Directorate, Division, Branch	
4 PRESENT POSITION TITLE GRADE AND SALARY Job Title, Series, Grade, Salary			5 POSITION HELD DURING PERIOD COVERED IN NOMINATION (If other than that shown in item 4)	
6 TYPE OF AWARD RECOMMENDED AND JUSTIFICATION				
Furnish on reverse side or on an attached sheet of 8" x 10 1/2" paper a factual statement of what the employee has done to warrant consideration for an award, indicating benefits resulting from the employee's performance and significance of special act or service. Include specific data required by applicable regulations for the type of award recommended. Attach a draft of a proposed citation to be included on commendation certificate written in the third person, and not exceeding 90 words.				
a. HONORARY			b. MONETARY	
CERTIFICATE OF ACHIEVEMENT	DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE		QUALITY INCREASE	DATES
CERTIFICATE OF APPRECIATION FOR PATRIOTIC CIVILIAN SERVICE	DEPARTMENT OF DEFENSE DISTINGUISHED CIVILIAN SERVICE AWARD		TO: \$ P A	FROM: TO:
MERITORIOUS CIVILIAN SERVICE AWARD	PRESIDENTIAL AWARD		SUSTAINED SUPERIOR PERFORMANCE	DATES
X OTHER (Specify) Time Off Award - 4 hours			SPECIAL ACT OR SERVICE	DATE
7 NOMINATING OFFICIALS				
TYPED NAME AND TITLE	EXTENSION NO.	SIGNATURE		DATE
First Line Supervisor	287-XXXX	First Line Supervisor		Date
PART II - TO BE COMPLETED BY CIVILIAN PERSONNEL OFFICE				
8 TYPE AND DATE OF INCENTIVE AWARDS GRANTED DURING PAST YEAR (Except Length of Service and Suggestion Awards)				
PART III - TO BE COMPLETED BY LOCAL INCENTIVE AWARDS COMMITTEE				
9 <input type="checkbox"/> RECOMMEND APPROVAL OF AWARDS AS FOLLOWS:			10 <input type="checkbox"/> DISAPPROVED	
CERTIFICATE OF ACHIEVEMENT	CERTIFICATE OF APPRECIATION FOR PATRIOTIC CIVILIAN SERVICE	QUALITY INCREASE	SUSTAINED SUPERIOR PERFORMANCE	MERITORIOUS CIVILIAN SERVICE AWARD
DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE	SPECIAL ACT OR SERVICE	DEPARTMENT OF DEFENSE DISTINGUISHED CIVILIAN SERVICE AWARD	PRESIDENTIAL AWARD	OTHER (Specify) Time Off Award
COMPLETE FOR MONETARY AWARDS RECOMMENDED				
AMOUNT RECOMMENDED \$		TANGIBLE MONETARY BENEFITS \$	<input type="checkbox"/> INTANGIBLE BENEFITS	ESTIMATED FIRST YEAR SAVINGS \$
11 DATE	TYPED NAME OF LOCAL COMMITTEE CHAIRMAN		SIGNATURE	
PART IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY(IES)				
ACTION LEVEL	APPROVED (If monetary, indicate amount)	DIS-APPROVED	ADDITIONAL CASH AWARD	SIGNATURE, TITLE AND DATE
12 INSTALLATION COMMANDER OR DESIGNATED REPRESENTATIVE				First Line Supervisor First Line Supervisor (Date)
13 MAJOR COMMAND REVIEW COMMITTEE				
14 COMMANDER OF MAJOR COMMAND OR DESIGNATED REPRESENTATIVE	(Submit in original and three copies.)			
15 DEPARTMENT OF THE ARMY INCENTIVE AWARDS BOARD				

DA FORM 1256
1 OCT 75

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

* U S GPO 1984-0-481-033/27053

Figure 6-1-1. Sample DA Form 1256 for TOA of 1 day or less

INCENTIVE AWARD NOMINATION AND APPROVAL					
For use of this form, see AR 672-20; the proponent agency is Office of the Deputy Chief of Staff for Personnel.					
PART I - TO BE COMPLETED BY OPERATING OFFICE					
1 EMPLOYEE'S LAST NAME - FIRST NAME - MI Ray, Pablo Q.		2 SOCIAL SECURITY NO. XXX-XX-XXXX	3 ORGANIZATION Directorate, Division, Branch		
4 PRESENT POSITION TITLE GRADE AND SALARY Job Title, Series, Grade, Salary			5 POSITION HELD DURING PERIOD COVERED IN NOMINATION (If other than that shown in Item 4)		
6 TYPE OF AWARD RECOMMENDED AND JUSTIFICATION					
Furnish on reverse side or on an attached sheet of 8" x 10 1/2" paper a factual statement of what the employee has done to warrant consideration for an award, indicating benefits resulting from the employee's performance and significance of special act or service. Include specific data required by applicable regulations for the type of award recommended. Attach a draft of a proposed citation to be included on commendation certificate written in the third person, and not exceeding 90 words.					
a. HONORARY			b. MONETARY		
CERTIFICATE OF ACHIEVEMENT	DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE	QUALITY INCREASE TO: \$	P.A.	DATES FROM: TO:	
CERTIFICATE OF APPRECIATION FOR PATRIOTIC CIVILIAN SERVICE	DEPARTMENT OF DEFENSE DISTINGUISHED CIVILIAN SERVICE AWARD	SUSTAINED SUPERIOR PERFORMANCE		DATES FROM: TO:	
MERITORIOUS CIVILIAN SERVICE AWARD	PRESIDENTIAL AWARD	SPECIAL ACT OR SERVICE		DATE	
OTHER (Specify) X Time Off Award - 12 hours					
7 NOMINATING OFFICIALS					
TYPED NAME AND TITLE		EXTENSION NO.	SIGNATURE	DATE	
First Line Supervisor		288-XXXX	<i>First Line Supervisor</i>	Date	
Second Line Supervisor		287-XXXX	<i>Second Line Supervisor</i>	Date	
PART II - TO BE COMPLETED BY CIVILIAN PERSONNEL OFFICE					
8 TYPE AND DATE OF INCENTIVE AWARDS GRANTED DURING PAST YEAR (Except Length of Service and Suggestion Awards)					
PART III - TO BE COMPLETED BY LOCAL INCENTIVE AWARDS COMMITTEE					
9 <input type="checkbox"/> RECOMMEND APPROVAL OF AWARDS AS FOLLOWS:				10 <input type="checkbox"/> DISAPPROVED	
CERTIFICATE OF ACHIEVEMENT	CERTIFICATE OF APPRECIATION FOR PATRIOTIC CIVILIAN SERVICE	QUALITY INCREASE	SUSTAINED SUPERIOR PERFORMANCE	MERITORIOUS CIVILIAN SERVICE AWARD	
DECORATION FOR EXCEPTIONAL CIVILIAN SERVICE	SPECIAL ACT OR SERVICE	DEPARTMENT OF DEFENSE DISTINGUISHED CIVILIAN SERVICE AWARD	PRESIDENTIAL AWARD	OTHER (Specify)	
COMPLETE FOR MONETARY AWARDS RECOMMENDED					
AMOUNT RECOMMENDED \$		TANGIBLE MONETARY BENEFITS \$	<input type="checkbox"/> INTANGIBLE BENEFITS	ESTIMATED FIRST YEAR SAVINGS \$	
11 DATE	TYPED NAME OF LOCAL COMMITTEE CHAIRMAN		SIGNATURE		
PART IV - TO BE COMPLETED BY APPROPRIATE APPROVING AUTHORITY(IES)					
ACTION LEVEL	APPROVED (If monetary, indicate amount)	DIS-APPROVED	ADDITIONAL CASH AWARD	SIGNATURE, TITLE AND DATE	
12 INSTALLATION COMMANDER OR DESIGNATED REPRESENTATIVE				<i>Appropriate Signature</i> 19 Dec 92 Appropriate Approving Authority	
13 MAJOR COMMAND REVIEW COMMITTEE					
14 COMMANDER OF MAJOR COMMAND OR DESIGNATED REPRESENTATIVE	(Submit in an original and three copies.)				
15 DEPARTMENT OF THE ARMY INCENTIVE AWARDS BOARD					

DA FORM 1256
1 OCT 75

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

*U.S. GPO 1984-0-481-033/27063

Figure 6-1-2. Sample DA Form 1256 for TOA exceeding 1 day off

NARRATIVE DESCRIPTION

Time Off Award

Eureka K. Jones

This narrative should briefly describe the achievement and indicate the amount of time off recommended.

This narrative description is submitted in an original and two copies.

Figure 6-1-3. Narrative description for TOA of 1 day or less

JUSTIFICATION

Time Off Award

Ray Q. Pablo

This narrative justification must fully describe the act, service, or scientific achievement which contributed to the mission of the Army. Describe in detail the extent of the contribution and the means by which the award amount was determined. Recommendations based on intangible benefits will identify the value of benefits and the extent of application appropriate for the achievement to be recognized. Tangible benefits will be described by indicating the cost savings to the Army (see pages 6 and 7). Include arithmetic conversion to time off.

This narrative justification is submitted in an original and two copies.

Figure 6-1-4. Justification for TOA exceeding 1 day off