

26 Jun 2025

Nomination for Monetary, Time-Off, or Non-Monetary Awards Form

Date: _____

Nominee Name: _____ Title: _____

Pay Plan / Series / Grade: _____ CMD / Department: _____

Recognition Period: _____ to _____ Type Award: _____

Individual or group? _____ (Note: If group, attach list of nominees.)

Has nominee received an award for the same achievement(s) for which this award is recommended.

Has nominee received a monetary or time-off award this Fiscal Year?
If yes, describe.

Provide justification for this award. Use additional sheets if needed.

Recommended Award:

Monetary Award (amount): _____ Time-Off Award: _____ (hours)

Estimate of benefits (refer to enclosure (4) for guidance).

☐ Moderate☐ Substantial☐ High☐ Exceptional

Supervisor: _____ Date: _____

Approved by: _____ Date: _____

Forward completed form to CNATRA (N121) or Wing MSS as appropriate for further action.

Enclosure (5)