

26 Jun 2025

Quality Step Increase (QSI) Nomination Form

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Current Grade/Series/Step: \_\_\_\_\_

Current Salary (with Locality): \_\_\_\_\_

Performance Period: \_\_\_\_\_ to \_\_\_\_\_

Answer the following questions:

1. Employee received a (5.0) "Outstanding" on the current and last performance rating? \_\_\_\_\_
2. Employee has not received a QSI in the preceding 52 consecutive calendar weeks? \_\_\_\_\_
3. Does this QSI impact the employee's WGI (Step 4 or Step 7)? \_\_\_\_\_
4. Has this employee received any other monetary awards, reassignment, and or/promotion this reporting period? (If yes, provide details): \_\_\_\_\_

QSI Justification: (200 Word Limit)

ACOS/SA Name and Signature: \_\_\_\_\_ / \_\_\_\_\_

Enclosure (7)