

REQUEST FOR PAYMENT OF CASH AWARD		<input type="checkbox"/> MLC <input type="checkbox"/> MC <input type="checkbox"/> IHA	1. DATE OF REQUEST
3. TO: <i>(Name and Address of DFAB/DFAO)</i>		4. FROM: <i>(Name of CPO/CHRO or COR)</i>	
5. NAME OF EMPLOYEE <i>(Last, First)</i>	6. JOB TITLE, JOB NO. AND BWT-GRADE-STEP	7. USING UNIT/ACTIVITY	
5a. ID/EMPLOYEE NUMBER (S)			
8. TYPE OF AWARD <input type="checkbox"/> SUGGESTION <input type="checkbox"/> SPECIAL ACTS/SERVICE <input type="checkbox"/> SUSTAINED SUPERIOR PERFORMANCE			
9. BRIEF DESCRIPTION OF AWARD:			
9a. RATING <i>(SSP Only)</i> <input type="checkbox"/> OUTSTANDING <input type="checkbox"/> HIGHLY SATISFACTORY		9b. RECOMMENDED AMOUNT/%	
_____ NAME & SIGNATURE OF RECOMMENDING OFFICIAL/DATE/PHONE NUMBER		_____ NAME & SIGNATURE OF RECOMMENDING OFFICIAL/DATE/PHONE NUMBER	
10. COMPLETED BY CPO/CHRO or COR			
SUGGESTION			
ANNUAL SAVING \$	AMOUNT OF CASH AWARD <i>(Tangible)</i> \$	OTHER SUGGESTIONS <i>(Intangible)</i> ¥	
11. SPECIAL ACTS/SERVICE AND SUSTAINED SUPERIOR PERFORMANCE <i>(SSP)</i>			
AMOUNT OF CASH AWARD ¥		RATING PERIOD COVERED <i>(SSP Only)</i>	
		FROM	TO
12. APPLICABLE PROVISIONS RELATING TO ABOVE AWARD <input type="checkbox"/> CHAPTER 13, MLC <input type="checkbox"/> CHAPTER V, MC <input type="checkbox"/> SUPPLEMENT #9, IHA			
13. IT IS REQUESTED THAT CASH AWARD PAYMENT SHOWN ABOVE BE MADE TO THE EMPLOYEE AS AUTHORIZED UNDER THE PROVISIONS IN BLOCK 12.			
13a. CPO/CHRO or COR <i>(Typed Name & Grade)</i>		13b. SIGNATURE	13c. DATE
INDORSEMENT BY DFAB/DFAO			
14. ACTION REQUESTED ABOVE WAS COMPLETED ON _____.			
14a. TO: <i>(Name of CPO/CHRO or COR)</i>	14b. FROM: <i>(Typed Name of DFAB/DFAO)</i>	15. SIGNATURE OF DFAB/DFAO	16. DATE

**INSTRUCTIONS FOR PREPARATION OF
REQUEST FOR PAYMENT OF CASH AWARDS**

1. General:

This form will be prepared by CPO/CHRO or COR and forwarded in original and one copy to the DFAB/DFAO concerned. The DFAB/DFAO, upon completion of action, will return a duplicate copy to the CPO/CHRO or COR.

2. Entries in blocks (self-explanatory blocks omitted).

a. Block 9. Brief statements of the award including justifications/rationale of the award should be indicated. In case of suggestion, subject of suggestion, and suggestion number should be included in addition to summary of suggestion.

b. Block 10. If suggestion involves tangible benefits, annual savings and amount of award should be indicated in dollars, and for intangible benefits suggestions, amount of award should be indicated in yen in "OTHER SUGGESTIONS" column.

c. Block 11. For SSP, the period upon which the SSP was based should be indicated. (e.g., 1 Apr 95 to 31 Mar 96.)

3. If space on the form is insufficient to include all of the required information, attach separate sheets thereto and insert a notation in the proper block(s) indicating the inclosure.