

# NIH AWARD NOMINATION

## PART 1 - EMPLOYEE INFORMATION

(Complete all items)

**Individual Nomination** (Check for Special Act or Service, Performance, On-the-Spot, Time Off, QSI, Referral, Suggestion , FTTA & Invention Awards)

**Group Nomination** (Check for Special Act or Service, On-the-Spot, Time Off, Suggestion & Invention Awards)  
(use next page to provide information for each employee)

1. Employee's Name: Last, First, MI	2. IC/Organization	2a. CAN	2b. ADMIN. CODE
3. EHCM EMPLID	4a. TK#	4b. Period Covered by Nomination From: To:	
5. Position Title, Pay Plan, Series, Grade, Step (complete for individual awards only)			

## PART 2 - AWARD INFORMATION

(Check the appropriate box for all nominations)

### 6. Type of Award Recognition (check all that are applicable):

Special Act or Service Award (Not Rating Based-NOAC 849) (complete items 7, 9, & Part 3)

On-the-Spot Award (complete item 9, & Part 3)

Performance Award (Rating Based-NOAC 840) (complete item 9 & Part 3)

Quality Step Increase (complete items 8, 9 & Part 3 below)

Time Off Award (complete item 9 & Part 3)

Suggestion Award (complete items 7, 9 & Part 3)

Suggestion #: \_\_\_\_\_

Invention or FTTA Award (complete items 7, 9 & Part 3)

Patent #: \_\_\_\_\_

Employee Referral Award (complete Part 3)

Date of Employee's Last Quality Step Increase (QSI): \_\_\_\_\_

Date of last With-in Grade Increase (WIGI) or promotion (whichever is later): \_\_\_\_\_ (if QSI is recommended)

7. Award Amount Calculation [complete A (Tangible) or B (Intangible)] Refer to Appendix E, NIH Manual Chapter 2300-451-1—NIH Employee Awards Program for use of Tangible and Intangible Benefits Scales – <https://policymanual.nih.gov/2300-451-1>

A. Tangible Savings First-Year Benefit Amount: \$ \_\_\_\_\_

B. Intangible Savings (check as appropriate in 1 & 2 below)

(1) Value of Benefits

Small/Moderate

Moderate/Substantial

Substantial/Extended

(2) Extent of Application

Limited (impacts a specific, small work unit to as large as a division or IC)

Broad (impacts several ICs or all of NIH)

General (impacts the mission of other components of DHHS, or of other agencies)

8. QSI Certification: I certify that 52 weeks has passed since the employee's last QSI. **I also certify that the employee's rating of record is "Exceptional" and the employee did not receive a performance award.** The employee's performance elements and standards for the current position were thoroughly reviewed prior to submission of this nomination; the employee's performance warrants such recognition.

\_\_\_\_\_  
Initiating Official's Signature

\_\_\_\_\_  
Date

9. **A narrative statement describing the employee's level of performance/achievement that warrants recognition is attached. For a QSI: Attach the performance narrative statement and cover sheet indicating the employee's final rating of record.**

## PART 3 - APPROVAL SIGNATURE

(At a minimum, complete items 10, 12 and 14 for all nominations)

10. Initiating Official (Name & Title):	Signature:	Date:	Amount or Hours:
11. Endorsing Official (Name & Title):	Signature:	Date:	Amount or Hours:
12. Approving Official (Name & Title):	Signature:	Date:	Final Approved Amount or Hours:
13. Fiscal Official (Name & Title):	Signature:	Date:	
14. Human Resources Reviewing Official (Name & Title):	Signature:	Date:	
Proposed Effective Date:	AO Contact's Email Address:	Effective Date:	

[illegible]

## Instructions for Completing NIH Award Nomination Form, NIH 2833

### Part 1 – EMPLOYEE INFORMATION (*Complete all items*)

Check appropriate box for either Individual Nomination or Group Nomination. For a Group Nomination complete the chart on page 2.

1. **Employee's Name:** Enter the employee's name, Last, First, and MI.
2. **IC/Organization:** Enter the IC/Division or Office where the employee works.
  - 2a. Enter the CAN that will fund the award.
  - 2b. Enter the Admin. Code.
3. **EHRP EMPLID:** Required. The initiating official may obtain the Employee Identification Number from their servicing HR Specialist, Client Services Division (CSD).
- 4a. **TK#:** Enter the employee's timekeeping number.
- 4b. **Period Covered by Nomination:** Enter dates.
  - For an On-the-Spot award, the duration should be short (e.g., 1 – 3 months) and the narrative should address a special project, activity, or short-term assignment.
  - For a Performance Award/Bonus or a QSI, the period covered must be based on the previously completed performance appraisal year.
5. **Position Title, Pay Plan, Series, Grade, Step:** Enter all information for every individual award nomination. The initiating official may obtain this information from their servicing HR Specialist, CSD.

### Part 2 – AWARD NOMINATION (*Check the appropriate box for all nominations*)

6. **Type of Award Recognition:** Check the appropriate box for the type of award(s) the employee is being nominated.
7. **Award Amount Calculation:** Used for Special Act or Service, Suggestion, or Invention awards. Refer to Appendix E, NIH Manual Chapter 2300-451-1 – NIH Employee Awards Program for use of Tangible and Intangible Benefits Scales.
8. **QSI Certification:** Required to process QSI. Signature and date of Initiating Official affirming accuracy of the certification statement. To ensure proper timing of awarding the QSI, the initiating official/supervisor should consult with their servicing HR Specialist in CSD.
9. **Narrative Statement:** All award nominations require narrative justification. Please review the type of justification required for the specific type of award prior to composing and attaching the narrative.

### Part 3 – APPROVAL SIGNATURE

At a minimum, complete items 10, 12, and 14 for all nominations.

10. **Initiating Official (Name & Title):** The individual initiating the award signs, dates, and includes the recommended dollar amount or hours. *Note:* If the Initiating Official is not the supervisor of record, then the employee's supervisor of record should also initial and date this section.
11. **Endorsing Official (Name & Title):** A concurring official. Complete this section if required by the IC.
12. **Approving Official (Name & Title):** The individual delegated the authority to approve awards signs, dates and enters the final dollar amount or hours approved.
13. **Fiscal Official (Name & Title):** Signature and date of the IC funding official.
14. **Human Resources Reviewing Official (Name & Title):** Signature and date of the Office of Human Resources (OHR) official indicates that the award nomination was received, reviewed, and processed.

**Proposed Effective Date:** IC enters date.

**AO Contact's Email Address:** IC enters the Administrative Officer contact email address for use by CSD.

**Effective Date:** CSD enters effective date of award.

### ADDITIONAL INFORMATION

- ✓ Ensure that the narrative justification and any other necessary documentation are attached to the original Award Nomination form prior to forwarding to OHR.
- ✓ Upon OHR approval and processing of the award, CSD sends the Approving Official and the AO Contact an email with the effective date.
- ✓ The Notification of Personnel Action, SF-50, will be added to the employee's Electronic Official Personnel Folder (eOPF).
- ✓ The employee will receive payment of the award, minus applicable taxes, through DFAS within one to two pay periods from the date the award is processed.

**Note:** While a supervisor may advise an employee of nomination for an award, the award is not official until confirmation of the effective date from OHR/CSD.

**Privacy Act Statement:** This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a): The information requested on this form is authorized to be collected pursuant to 5 U.S.C. 1302, 2951, 4118, 4308, 4506, 7501, 7511, 7521 and Executive Order 10561. Completing the form is voluntary, however, declining to provide any or all the requested information may result in the withholding of final compensation to you by the National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS). The principal purpose for which the information will be used is to carry out personnel management responsibilities, including the proper disposition of government information and property. The information you provide will be included in a Privacy Act system of records, and will be used and may be disclosed for the purposes and routine uses described and published in the following System of Records Notice (SORN): 09-90-0018 Personnel Records in Operating Offices, HHS/OS/ASPER <https://www.hhs.gov/foia/privacy/sorns/09900018/index.html>.