



ON-THE-SPOT/SPECIAL ACT (OTS/SA) PROGRAM

| Nominee Information | | |
|--|--|---------------------------------|
| <p><i>Instructions for Nominators: All required fields must be filled out and submitted to an Approving Official. Once approved it must be sent to the nominating Bureau's AMS Office for approval. The Employee nominated for the award should not be told of the award nomination until the AMS officer has confirmed that it was approved and the amount for which it was approved.</i></p> | | |
| Recipient Name | Employee Type (please select one) <input type="checkbox"/> GS <input type="checkbox"/> FS <input type="checkbox"/> FSL <input type="checkbox"/> FSN <input type="checkbox"/> PSC <input type="checkbox"/> Other | Last 4 digits of SSN |
| Recipient Bureau/Mission: | Award Type (OTS or Special Act) | Recommended Amount \$ |
| <i>Please note: The nominating Bureau will be funding the OTS/SA award from their Bureau's budget</i> | | |
| Nominator/ Nominating Bureau Information | | |
| Nominator's Bureau/Mission | Nominator's Name | Date Nominated |
| Approving Official Name and Signature | Date Approved | Recommended Amount \$ |
| Award Justification | | |
| | | |

Instructions for AMS officers. Once you have approved the nomination please send it electronically to the OHR/ELRAwards@usaid.gov mail box. It will be processed if it arrives during the OTS Open Season and the Budget is available.

For AMS Office Processing

| | | |
|---|------------------------------|----------------------|
| AMS Approval Name and Signature | | Date Approved |
| Approved Award Type (OTS or Special Act) | Approved Amount \$ | |

Funding Site: For FSN or PSC Payment only

For OHR/ELR Processing

| | | |
|----------------------|-----------------------|----------------------|
| Date Received | Date Processed | Processed by: |
|----------------------|-----------------------|----------------------|

Privacy Act Statement

The following statement is required to be attached to subject form by the Privacy Act of 1974 (P.L. 93-579:88 Statute 1896). This form is used to evaluate employees. Disclosure of information provided will not be made outside the Agency without written consent of the employee concerned except: (a) pursuant to any applicable routine use listed under OPM/GOVT-2 Employee Performance File System of Records in OPM's Notice of System of Records and under AID 14 Awards and Incentives Records System of Records for implementing the Privacy Act published in the Federal Register, or (b) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in USAID Regulation 15. The Social Security Number is provided to enable proper entry of this report into the employee's records. Failure to provide the required information could lead to mistaken identity entailing administrative complications with possible inconvenient or adverse consequences for the employee. Confidentiality of Records: this form is an efficiency report which shall be subject to inspection only by those persons authorized by USAID.