

AUTHORIZATION OF EMPLOYEE INCENTIVE AWARD

1. Employee's Name (First, Middle, Last)		2. Employee's Social Security No.		3. Employee Number	
4. Employee's Position Title		5. Pay Plan & Occupational Code		6. Current Salary	
7. Employee's Organization (Group/Staff Office, Division, Branch)		8-a. Grade or Level	8-b. Step or Rate	9. Date of Award Nomination	
10-a. Years of Service at OPM	10-b. Years of Federal Service	11. Period of Service for Which Award is Recommended (Month/Year) From: _____ To: _____			
12. Official Position Title, Pay Plan and Occupational Code, Grade/Level and Step/Rate (Complete only if different from Items 4, 5, and 8)		13. History of Other Awards and Dates Received (Do not include suggestion awards)			

14. Type of Award

<input type="checkbox"/> a. Sustained Superior Performance (% of Salary): _____ <input type="checkbox"/> b. Quality Step Increase <input type="checkbox"/> c. Special Act or Service <input type="checkbox"/> d. Suggestion Award <input type="checkbox"/> e. Presidential Award (Specify Type): _____	<input type="checkbox"/> f. Merit Pay Cash Award <input type="checkbox"/> g. SES Performance Award (% of Salary): _____ <input type="checkbox"/> h. Director's Award (Specify Type): _____ <input type="checkbox"/> i. Other (Specify Type): _____
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	15. SIGNATURE AND DATE SIGNED (Print or Type Name Under Signature)	TITLE	AMOUNT APPROVED	AMOUNT OF AWARD RECOMMENDED OR ADDITIONAL AMOUNT RECOMMENDED
Recommending Official				
Approving Official Awards To \$2,500				
Approving Official Awards to \$5,000				
Approving Official Awards To \$10,000				
Approving Official Awards Over \$10,000				
Approving Official Quality Step Increase				

16. Summary Statement Explaining Basis for Award (Limit to 50 words or less)

17. COST CENTER OBLIGATION					18. Signature of Official Authorized to Approve Payment and Date Signed
Appropriation	Budget Activity	Office	Cost Center	Expense	

Instructions for Completing OPM Form 281, Authorization of Employee Incentive Award

- Items 1-3** Self-explanatory.
- Items 4-8** These items apply to period of service for which award is recommended.
- Items 9-10** Self-explanatory.
- Item 11** Indicate the timeframe for which the award is being recommended in month-year format, as appropriate.
- Item 12** Complete this block only when the employee's official position is different from the one in which the award is being recommended.
- Item 13** List the date and type of award(s) previously granted. DO NOT include suggestion awards.
- Item 14** Check the type of award currently being considered.
- a & b** - Attach performance standards and appraisal. OPM Form 1460-A must be used for bargaining unit employees in Central Office. OPM Form 1460-B is recommended for all other employees in OPM. However, all information appearing on OPM Form 1460-A must be provided on any comparable form, including those used in the regions.
- If the appraisal is more than 60 days old, additional justification must be provided on an attached memorandum.
- c** - Attach memorandum (normally no longer than one page) describing the special act or service. Include a statement of the tangible and/or intangible benefits to the Government and explain how the benefits were derived.
- d** - Attach OPM Form 263, Employee Suggestion Form, and OPM Form 1483, Incentive Award Suggestion Evaluation.
- e & f** - Attach nomination.
- g** - Enter percentage of salary in space provided. Do not complete items 14 and 16 for SES Performance Awards.
- h** - Attach nomination.
- i** - Attach brief justification for the award.
- Item 15** Provide signatures of recommending official and all approving officials. Also indicate the amount of award recommended and any additional award recommended and approved according to delegated authority. Omit for SES Performance Awards.
- Item 16** This is not intended to be the justification for this award. This statement is necessary for Federally required annual publicity, appropriate plaques, etc.
- Item 17** Self-explanatory. Omit for SES Performance Awards.
- Item 18** Self-explanatory.