

YAP STATE GOVERNMENT
OFFICE OF THE ADMINISTRATIVE SERVICES
DIVISION OF PERSONNEL

YP-PERS-006
(Revised: 4/02/2017)

Incentive Award Application

TO : Chief of Personnel
FROM : _____
Department/Division

Part I **NOMINEE INFORMATION**

- 1** a. Name of Nominee : _____
b. Social Security No.: _____
c. Evaluation Period: From _____ To _____
d. Personnel Account #: _____
- 2** **Type of Award and Recommended Amount:**
[] Commendable Performance \$ _____
[] Special Act or Service \$ _____

Give a brief and factual statement why the employee should receive the award, i.e., the performance by the employee, the results achieved and measurable benefits derived by the agency from employee's performance. Attach additional sheets if needed.

Supervisor's Signature

Date

Department Director

Date

Part II **OFFICIAL USE ONLY**

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1 Funding Certification:

Chief of Budget

Date

2 PURSUANT TO THE CRITERIA PROVIDED UNDER SECTION 12.6

- Award Criteria Met
- Award Criteria not Met (Refer to Remarks)

Remarks:

Chief of Personnel

Date

3

Director of OAS

Date

Part III GOVERNOR'S USE ONLY (PSS POSITIONS)

- Approved
- Disapproved (Refer to Remarks)

Governor, Yap State

Date