Time off Award (TOA) Eligibility and Award Submission Checklist

Employee's Name: _____

Yes	No	TOA Eligibility
◯	◯	If the TOA request is for performance, is it for the most recent appraisal?
◯	◯	Has it been fewer than 90-days since the end of the appraisal period or 30-days since the end of the period of service to be recognized?
◯	◯	Did you verify that the appointment for the temporary technician being nominated for a TOA based on a special act or service is longer than 90 days?
◯	◯	Did you verify that the requested TOA will not put the employee over the 80 hour limit for the current leave year, or that the employee has not already surpassed the 80 hour limit for time off awards?
◯	◯	Did you verify the employee did not already receive a performance-based award during the appraisal period you are using as the basis for this TOA?
◯	◯	Did you verify that the employee was in a technician status for the service period you are using as a basis for this TOA?
◯	◯	Did you verify that the employee is not leaving or retiring from the Agency?
		Award Submission
◯	◯	Did you include a completed NGB 32 with this request?
◯	◯	Did you include the employee's work schedule on the NGB 32?
◯	◯	For a 1 work day TOA, did the immediate supervisor sign the NGB 32?
◯	◯	For a 2 work day TOA, did the immediate supervisor and the second level supervisor sign the NGB 32?
◯	◯	For TOA for greater than 2 work days, did the MSC AO, Director, or Group Commander approve and sign in the "Local Commander" blocks under Section IV of the NGB 32?
◯	◯	Is the following statement listed in the remarks section on the NGB 32 *"I have considered fully the wage costs and productivity loss in granting this TOA. The amount of time off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award."*
◯	◯	Have you included the correct performance appraisal with this request, if the awarded time is for performance?

Supervisor's Name:

INITIAL REVIEWER REMARKS: For HRO/Board Use Only

Does the employee meet the minimum eligibility requirements? ◯ YES ◯ NO

Reviewed by:

Enclosure 5