

**BY ORDER OF THE COMMANDER
366TH FIGHTER WING**



**AIR FORCE INSTRUCTION 36-1004
MOUNTAIN HOME AIR FORCE BASE
SUPPLEMENT**

25 APRIL 2018

Personnel

**THE AIR FORCE CIVILIAN
RECOGNITION PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Air Force Instruction (AFI) 36-1004, *The Air Force Civilian Recognition Program*, 26 August 2016, is supplemented as follows. This publication establishes responsibilities and guidance for the Mountain Home Air Force Base Civilian Awards Program. It applies to all 366th Fighter Wing (366 FW) units/staff agencies who meet the qualifications outlined in this supplement. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the Air Force (AF) Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This document has been substantially revised and needs to be completely reviewed. Major changes include delineation of paragraphs that were added to or modified by the revised parent AFI 36-1004, dated, 26 August 2016.

2.1.10. **(MountainHomeAFB)** Incentive awards committee will not be applicable at Mountain Home AFB (MHAFB).

4.1.1. **(MountainHomeAFB)** One working day for this paragraph is defined as 8 hours.

4.4. **(MountainHomeAFB)** Documenting Time-off. Refer to Attachment 4 (Added), Sample Program for Exceptional Employee Recognition (PEER) Time-Off Award, and Attachment 5 (Added), Sample Time-Off Award.

JOSEPH D. KUNKEL, Colonel, USAF
Commander, 366th Fighter Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

None

Prescribed Forms

AF Form 1768, (PEER) TOA and Sample TOA (Mountain Home AFB)

Attachment 4 (Added)

PROGRAM FOR EXCEPTIONAL EMPLOYEE RECOGNITION (PEER)

Figure A4.1. TIME-OFF AWARD

STAFF SUMMARY SHEET						
TO	ACTION	SIGNATURE (Surname), GRADE AND DATE	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE	
1	Approve	1st Lvl Supv of Nominee	6			
		Click to sign			Click to sign	
2	Action	366 FSS/ FSC	7			
		Click to sign			Click to sign	
3			8			
		Click to sign			Click to sign	
4			9			
		Click to sign			Click to sign	
5			10			
		Click to sign			Click to sign	
SURNAME OF ACTION OFFICER AND GRADE		SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE	
Smith, GS-11		FSS/FSC	828-XXXX	kft		
SUBJECT					DATE	
PEER TIME-OFF AWARD FOR employee's name						
SUMMARY						
<p>1. I recommend (employee's name) for a PEER Time-Off Award in the amount of 8 hours.</p> <p>2. Time-off awards are intended to be an alternate means of recognition in lieu of granting a monetary award. Time-off awards have the same criteria as other incentive awards, such as Notable Achievement Awards. Reference AFI 36-1004, The Air Force Civilian Recognition Program.</p> <p>3. JUSTIFICATION:</p> <p>(After you finish your justification, forward to nominee's supervisor to approve and forward to 366 FSS/FSMC for action.)</p> <p>4. CERTIFICATION: I have considered the cost of the time-off award in lost production time and believe that the benefits to the Air Force from the employee's contributions justify the amount of time-off approved. I also considered the unit's workload and unit employee leave projections and certify that this employee can utilize this time-off in addition to other projected leave no later than 1 year from the effective date. I also considered other available forms of recognition and cash awards in determining the amount of the time-off award.</p> <p>Supervisor approve by signing in block 1 above.</p> <p>Note: Supervisors need to make certain employees do not exceed the time-off award limit of 80 hours awarded per leave year.</p> <p>"This document contains information which must be protected LAW AFI33-332 and DODR 5400-11. The privacy act of 1974 as amended applies." FOR OFFICIAL USE ONLY.</p>						

Attachment 5 (Added)

SAMPLE

Figure A5.1. TIME-OFF AWARD

STAFF SUMMARY SHEET							
	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	1st Lvl Supv	Approve	If 8 hrs or less, 1st lvl approves Click to sign	6			Click to sign
2	2nd Lvl Supv	Approve	If greater than 8 hrs, 2nd lvl required Click to sign	7			Click to sign
3	366 FSS/ FSC	Action	Click to sign	8			Click to sign
4			Click to sign	9			Click to sign
5			Click to sign	10			Click to sign
SURNAME OF ACTION OFFICER AND GRADE			SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE	
Smith, GS-11			FSS/FSC	828-XXXX	kft		
SUBJECT						DATE	
TIME-OFF AWARD FOR employee's name							
SUMMARY							
<p>1. I recommend (employee's name) for a Time-Off Award in the amount of ___ (1 - 40 hours per contribution) hour(s).</p> <p>2. The Time-Off Award is for employees who have made superior accomplishment that contributed to the quality, efficiency, or economy of government operations.</p> <p>3. JUSTIFICATION: (Explain in a paragraph what the employee did that contributed to the "quality, efficiency, or economy of government operations." The accomplishment needs to be significant, over and above, normal duty requirements. Time-off awards are intended to be an alternate means of recognition in lieu of granting a monetary award. Supervisors need to base time-off awards on the same criteria or circumstances as for other incentive awards, such as Notable Achievement Awards. Ref. AFI 36-1004, The Air Force Civilian Recognition Program.)</p> <p>4. CERTIFICATION: I have considered fully the wage costs and productivity loss in granting this time-off. 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 no later than _____ (date not to exceed 90 calendar days from award effective date, if possible.) I also considered other available forms of recognition in determining the amount of this time-off award.</p> <p>5. ADDITIONAL INFORMATION: Last 4 of SSN: Grade: (Pay plan and grade, e.g. WG-05, GS-11) Duty Titles: (Official position description title, e.g. Forklift Operator) Period Covered: (Can be one date or range of time)</p> <p>Recommending/Approving Supervisor sign in block 1 above.</p> <p>Note: Supervisors need to make certain employees do not exceed the time-off award limit of 80 hours awarded per leave year.</p> <p>"This document contains information which must be protected IAW AFI33-332 and DODR 5400-11. The privacy act of 1974 as amended applies." FOR OFFICIAL USE ONLY.</p>							