



U.S. Department of State

Payroll (mm-dd-yyyy)

EXTRA MILE AWARD

Employee File

1. Employee Name (Last, First, MI)	2. SSN	3. Grade*	4. Org. Code/Post
5. Nominator	6. Date (mm-dd-yyyy)	7. Recommended Amount** (Not to exceed \$200 in \$25 increments.) \$ _____	
8. Approving Official	9. Date (mm-dd-yyyy)	10. Approved Amount** (Not to exceed \$200 in \$25 increments.) \$ _____	

11. Reason For Award

Quality of Service
 Timeliness of Service
 Beyond Job Duties
 Courtesy
 Other

12. Justification

13. Bureau/Post Awards Officer (Name)	Signature	14. Date (mm-dd-yyyy)
15. Bureau/Post Budget Officer (Name)	Signature	16. Date (mm-dd-yyyy)

17. Accounting Classification (Completed by Bureau/Post Budget Officer)

Agency	Appropriation	Allotment	Obligation Number	Function	Object	Org. Code
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18. Payroll Office Information

Gross Amount	Federal Tax Withheld	State Tax Withheld	OASDI Tax Withheld	FHI Tax Withheld	Net Amount
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19. Employee Payroll Record Update (mm-dd-yyyy)	20. Supplemental (ECS) Payment Requested (mm-dd-yyyy)	21. Supplemental (ECS) Payment Processed (mm-dd-yyyy)	22. Check Number
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**U.S. Department of State
Extra Mile Award
Presented To**

For your exemplary service and extraordinary effort.

Nominator

Date (mm-dd-yyyy)



* Eligibility limited to GS/GM-13, FS-03 and below and FSN direct-hire employees.
** Applicable amounts: \$50, \$75, \$100, \$125, \$150, \$175, and \$200.