

DEPARTMENT OF HEALTH AND HUMAN SERVICES

RECOMMENDATION FOR QUALITY INCREASE

1. NAME OF EMPLOYEE		SERIES, GRADE, STEP	SALARY	
SSN:			PRESENT	PROPOSED
2. POSITION TITLE		PERFORMANCE PERIOD COVERED BY MOST RECENT RATING OF RECORD:		
3.  ORGANIZATION LOCATION:	OPDIV/STAFFDIV			
	BUREAU	OFFICE, DIVISION, OR INSTITUTE		
	BRANCH, LABORATORY, OR FIELD ACTIVITY			
4. DATE OF LAST QSI:				

5. CERTIFICATION BY RECOMMENDING OFFICIAL

I have reviewed the criteria for quality step increases on the reverse of this form and certify that the recommended employee meets all criteria.

\_\_\_\_\_  
Signature of Recommending Official/Title

\_\_\_\_\_  
Date

6.  CONCURRENCES:	Signature:	Title:	Date:

7. BUDGET CLEARANCE:	FUNDS OBLIGATED FOR PAYMENT (Appropriation & Allotment Nos.)	SIGNATURE OF BUDGET OFFICIAL/DATE	
8. APPROVAL:	SIGNATURE OF APPOINTING OFFICIAL	TITLE	DATE

9. CRITERIA FOR QUALITY STEP INCREASE:

- a. The employee's most recent rating of record is outstanding;
- b. The employee has not received a performance award based on the same rating of record;
- c. The employee has not received a QSI during the preceding 52 calendar weeks; and
- d. The employee has not reached the maximum step of his or her grade.