



National
Aeronautics and
Space
Administration

Recommendation for Quality Increase

NOTE: If additional space is required, continue on reverse side and/or attach separate sheets.

TO (Approving official):	THRU (Use office codes):
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INSTRUCTIONS

1. Recommendations for quality increase will originate with the immediate supervisor.
2. In items 6 and 7 of this form, give a brief description of the specific duties or task area assigned to the position occupied by the nominee, and an explanation of actual performance in the major duties or task areas in which high quality performance has been demonstrated.
3. After completion of all items on this form, please forward the completed document to the Personnel Office.

1. NAME OF NOMINEE	2. OFFICE IN WHICH POSITION IS LOCATED	3. RECOMMENDATION DATE
4. PRESENT TITLE, GRADE AND SALARY		5. AMOUNT OF INCREASE

6. MAJOR DUTIES OR TASK AREAS

7. EVIDENCE OF HIGH QUALITY PERFORMANCE

CERTIFICATION

I CERTIFY THAT THE NOMINEE IS ELIGIBLE FOR A QUALITY INCREASE,
AND THAT I BELIEVE THE HIGH QUALITY OF PERFORMANCE WILL CONTINUE.

8. TYPED NAME AND TITLE OF RECOMMENDING SUPERVISOR	9. SIGNATURE	10. DATE
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CONCURRENCES (Route through supervisory channels to approving official)

11. TYPED NAME AND TITLE OF CONCURRING INDIVIDUALS	12. SIGNATURE	13. DATE

ACTION

14. APPROVAL 15. DISAPPROVAL (If disapproved, discuss reason with recommending supervisor)

16. TYPED NAME AND TITLE OF APPROVING OFFICIAL	17. SIGNATURE	18. DATE
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