U.S. Department of State
Bureau of Human Resources/Office of Retirement

# THE DEPARTMENT OF STATE RETIREMENT RECOGNITION AWARD REQUEST

**Request for Award**

Choose the appropriate award request:

☐ The Secretary's Career Achievement Award Request (Over 25 Years of Service)
or
☐ The Department of State Retirement Recognition Award Request (Less Than 25 Years of Service)

| | | |
|---|---|---|
| Full Name of Retiree *(Last, First, Middle)* | | |
| Date of Retirement *(mm-dd-yyyy)* | Social Security Number | Grade at Retirement *(Grade and Step)* |
| Date of Birth *(mm-dd-yyyy)* | Name as it should appear on the Award Certificate | |
| Correspondence Address at Retirement *(Apartment Number, Street)* | | |
| Address *(City, State, ZIP Code)* | E-Mail Address | |
| Telephone Number | Facsimile Number | Bureau at Retirement |

**The Secretary's Career Achievement Award** is conferred on all retiring employees who over a period of 25 or more years of U.S. Government service (including military service), have performed with dedication and distinction. Employees who meet the criteria must provide notes to their Bureau Awards Coordinator for the citation on the certificate, which is limited to 5 lines and 50 words. A list of approved citations is available on www.RNet.state.gov under AskRNet, "Retirement Recognition."

**"The Department of State Retirement Recognition Award"** is a certificate signed by the Director General of the Foreign Service, given to all retiring American civil and foreign service employees with less **25 years** of service.

There is no formal nominating procedure for these awards. HR/RET will forward this form to your Bureau's Awards Coordinator, who will process your awards. HR/RET will send you the Expanding Universe Award (all employees) and the DOS Career Flag Award (Employees with over 25 Years of Service). **Please submit this form to:**
HR/RET, 2401 E St, NW, RM H-620, SA-1, Washington, DC, 20522.

## FOR OFFICE USE ONLY

| **Bureau Executive Office Awards Coordinator** | **Retirement Specialist** |
|---|---|
| Printed Name _____ | Printed Name _____ |
| **Fax number** _____ | |
| Signature _____ | Signature _____ |

| Total Years of Actual Service *(Excludes Unhealthful Post and Sick Leave Credit)* | ☐ Over 25 years or ☐ Under 25 years | Years | Months | Days |
|---|---|---|---|---|
| | | _____ | _____ | _____ |

PRIVACY ACT STATEMENT

AUTHORITIES: The collection of this information is authorized by the Department of State's Awards Program, including 22 U.S.C§ 4013; 5 U.S.C. §, and 5 CFR Part 451, Executive Order 9397 (Nov. 22, 1943) allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between individuals with the same or similar names.

PURPOSE: The information collected on this form, including the Social Security number, is necessary to process retirement recognition awards for retiring Department of State employees. The information collected will be shared with the employee's Bureau Awards Coordinator for further processing. The information also may be used to compile a list of employees receiving such awards, and may be made available to the Office of the Secretary of State.

ROUTINE USES: The information on this form may be shared with outside the Department of State if necessary for law enforcement, administrative, or other authorized legal purposes.

Failure to provide the requested information, including the Social Security Number, may delay or prevent action on conferral of an applicable retirement recognition award.