

RECOMMENDATION FOR NEW JERSEY AWARD

NJDSM (NJ Distinguished Service Medal); NJMSM (NJ Meritorious Service Medal); NJCMSM (NJ Civilian Meritorious Service Medal)
NJMV (NJ Medal of Valor); NJCM (NJ Commendation Medal); NJCCM (NJ Civilian Commendation Medal); NJHGR (NJ Honor Guard Ribbon)
For use of this form see NJ Department Directive 200.61 dated 1 January 2011

1. TO:

2. FROM

3. DATE

PART A – PERSONAL DATA

4. BRANCH OF SERVICE: (Select one)

ARMY

AIR

CIVILIAN

5. RECOMMENDED AWARD:

6. PROPOSED PRESENTATION DATE:

7. PERIOD OF AWARD: FROM:

TO:

8. POSTHUMOUS?(Select One) YES NO

9. NAME: (Last, First MI)

10. RANK:

11. SSN:

12. DUTY POSITION (Title)

13. ORGANIZATION:

14. PREVIOUS AWARDS:

15. RECOMMENDER:

a. NAME:

c. DISPOSITION

e. ADDRESS

b. SIGNATURE:

d. RANK

PART B – JUSTIFICATION AND CITATION DATE

16. ACHIEVEMENT / JUSTIFICATION #1

17. ACHIEVEMENT / JUSTIFICATION #2

18. PROPOSED CITATION

PART C- RECOMMENDATIONS / APPROVALS/ DISAPPROVALS

19. IMMEDIATE SUPERVISOR/ UNIT COMMANDER/ STAFF OFFICER/ CEO RECOMMENDATION

a. TO:	b. FROM:	c. DATE:
d. RECOMMEND APPROVAL <input type="checkbox"/> UPGRADE TO <input type="checkbox"/> DOWNGRADE TO <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> (SELECT ONE)		
e. NAME:	f. TITLE (Position)	g. Signature
		h. Rank
i. Comments		

20. CERTIFICATION OF ELIGIBILITY AND DATA

I certify that this individual is eligible for this award IAW NJ Departmental Directive 200.61, and the information contained in part A is correct.	a. SIGNATURE:	b. DATE
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21. INTERMEDIATE APPROVAL AUTHORITY

a. TO:	b. FROM:	c. DATE
d. RECOMMEND APPROVAL <input type="checkbox"/> UPGRADE TO <input type="checkbox"/> DOWNGRADE TO <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> (SELECT ONE)		
e. NAME	f. TITLE (Position)	g. Signature
		h. Rank
i. Comments		

22. NJCM/NJHGR APPROVAL AUTHORITY

a. TO:	b. FROM:	c. DATE
d. RECOMMEND APPROVAL <input type="checkbox"/> UPGRADE TO <input type="checkbox"/> DOWNGRADE TO <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> (SELECT ONE)		
e. NAME	f. TITLE (Position)	g. Signature
		h. Rank
i. Comments:		

23. NJDSM/ NJMSM/ NJCMSM/ NJMV/ NJCCM/ APPROVAL AUTHORITY:

a. TO:	b. FROM	c. DATE
d. RECOMMEND APPROVAL <input type="checkbox"/> UPGRADE TO <input type="checkbox"/> DOWNGRADE TO <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> (SELECT ONE)		
e. NAME	f. TITLE (Position)	g. Signature
		h. Rank
i. Comments		

PART D ORDERS DATA

24a. ORDERS ISSUING HQ:	24b. PERMANENT ORDERS NUMBER	24c. APPROVED AWARD
25a. Name or Orders Approving Authority:	25b. Title (Position)	26. DISTRIBUTION: 1 - Indiv 1 - MPRJ
25c. SIGNATURE:	25d. RANK:	1 - Unit 1 - File