

RECOMMENDATION FOR AWARD For use of this form, see JFTX Reg 600-8-22, the proponent agency is JFTX-J1		<input type="checkbox"/> HEROISM		<input type="checkbox"/> MERITORIOUS ACHIEVEMENT OR SERVICE	
TO: (Include Zip Code)		FROM: (Include Zip Code)			
PART II - PERSONAL DATA					
1. LAST NAME, FIRST NAME, MIDDLE NAME:		2. SSN:	3. GRADE:	4. BRANCH/PMOS/AFSC:	
5. ORGANIZATION AND STATION:					
6. RECOMMENDED AWARD (Include Oak Leaf Clusters):		7. POSTHUMOUS	YES	NO	
8. DESIRED DATE OF PRESENTATION:		a. DATE AND PLACE OF DEATH:			
9. WAS INTERIM AWARD MADE? <input type="checkbox"/> NO <input type="checkbox"/> YES		b. NAME, RELATIONSHIP AND ADDRESS OF NOK:			
PART II - RECOMMENDATION FOR AWARD FOR ACHIEVEMENT OR SERVICE					
10. INCLUSIVE DATES FOR WHICH RECOMMENDED:		11. INCLUSIVE DATES OF ASSIGNMENT TO UNIT SHOWN IN ITEM 5. STATE REASON FOR END DATE (Retire/PCS/etc):			
12. ALL PREVIOUS AWARDS TO INDIVIDUAL (Do not include interim award)					
PART III - RECOMMENDATION FOR AWARD FOR HEROISM					
13. INCLUDE THE FOLLOWING INFORMATION ABOUT EYEWITNESSES ON A SEPARATE SHEET OF 8X11", BOND PAPER: a. Full Name, b. SSN, c. Grade, d. Unit. STATE REASONS IF EYEWITNESS STATEMENTS ARE NOT ATTACHED.					
14. CONDITIONS UNDER WHICH ACT WAS PERFORMED					
a. LOCATION:		b. TIME:		c. DATE:	
d. UNIT MORALE, CASUALTIES, AND MISSION DURING TIME AND DATE (S) OF ACT(S):					
PART IV- PROPOSED CITATION					
15. DESCRIBE THE INDIVIDUAL'S PERFORMANCE IN THE SPACE PROVIDED BELOW. DO NOT USE A CONTINUATION SHEET EXCEPT FOR HEROISM AWARDS AND AWARD OF THE DISTINGUISHED SERVICE MEDAL					
PART V-OTHER INSTRUCTIONS AND AUTHENTICATION					
16. LIST ATTACHMENTS (Authorized for heroism and DSM awards only).		17. RELATED POSITION OF PERSON INITIATING RECOMMENDATION TO PERSON BEING RECOMMENDED:			
19. IF APPROVED, FORWARD AWARD TO:		18. TYPED NAME, GRADE, BRANCH AND TITLE OF PERSON INITIATING RECOMMENDATION:			
		20. SIGNATURE:		21. DATE:	