

**RECOMMENDATION FOR AWARD (For other than Valor)
ORDER OF CALIFORNIA (CAOC) AND LEGION OF MERIT (CALOM)**

1. TO:	2. FROM:	3. DATE: (YYYYMMDD)
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PART A - PERSONAL DATA

4. BRANCH OF SERVICE: ARNG ANG SMR CIVILIAN OTHER

5. RECOMMENDED AWARD: <input type="checkbox"/> CAOC <input type="checkbox"/> CALOM # ____ OLC <input type="checkbox"/> INTERIM AWARD GIVEN	6. REASON: <input type="checkbox"/> ACH <input type="checkbox"/> SVC <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RET ACCOMPANYING FEDERAL AWARD: _____
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7. PERIOD OF AWARD		8. POSTHUMOUS?	9. PROPOSED PRESENTATION DATE: (YYYYMMDD)
a. FROM: (YYYYMMDD)	b. TO: (YYYYMMDD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

10a. NAME (Last, First, Middle):	b. RANK:	c. SSN:
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d. DUTY POSITION / TITLE:	e. ORGANIZATION:
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f. PREVIOUS STATE AND FEDERAL AWARDS:

11. RECOMMENDER		
a. NAME:	b. TITLE / POSITION:	c. SIGNATURE:
		d. RANK:

e. ADDRESS:

PART B – PROPOSED CITATION

12. PROPOSED CITATION:

PART C – JUSTIFICATION NARRATIVE

13. NARRATIVE:

PART D – ELIGIBILITY

14. CERTIFICATION OF ELIGIBILITY AND DATA

I certify that this individual is eligible for this award in accordance with AR 600-8-2; or does not have disciplinary action pending and that the information contained in Part A is correct.	a. SIGNATURE:	b. DATE: (YYYYMMDD)

PART E - RECOMMENDATIONS / APPROVAL / DISAPPROVAL

15. COMMAND ENDORSEMENT

THRU	NAME, RANK/GRADE, TITLE AND TELEPHONE NUMBER	RECOMMENDATION (USE COMMENTS)	SIGNATURE	DATE (YYYYMMDD)
a.				
COMMENTS:				
b.				
COMMENTS:				
c.				
COMMENTS:				
d.				
COMMENTS:				
e.				
COMMENTS:				

16. APPROVAL AUTHORITY

a. NAME:	b. TITLE / POSITION:	c. SIGNATURE:
		d. RANK:
e. APPROVED	DISAPPROVED	UPGRADE TO:
		DOWNGRADE TO:
		f. DATE:
g. COMMENTS:		

PART E - ORDERS DATA

17a. ORDERS ISSUING HEADQUARTERS:	b. PERMANENT ORDER NUMBER:	d. APPROVED AWARD:
	c. DATE:	
18a. NAME OF ORDERS APPROVAL AUTHORITY:	b. TITLE / POSITION:	19. DISTRIBUTION:
c. SIGNATURE:	d. DATE:	e. RANK: