

PDCCC

Employee Recognition Action Form

Information

Nominee's Name _____

Title _____ Date _____

Supervisor's Signature _____

Vice President's Signature _____

President's Signature _____

Describe type of award requested (leave, monetary, non-monetary) _____

Has this employee received any leave, monetary or non-monetary awards this fiscal year?

Yes ___ No ___ If so, what was the amount/value? _____

Criteria

- Demonstrates excellent individual or team departmental performance (e.g., completion of a project or event, exceptional teamwork, excellent customer service, positive attitudes, etc.) in a timely manner.

Information

Please attach a brief citation of approximately 65-70 words describing the achievements of the nominee (s) and how he/she/they meet(s) the criteria.

The request for recognition funds and/or recognition leave shall remain confidential and is, therefore, not to be discussed with any employee until the review process is completed and the funds and/or leave are awarded. Keeping this process confidential will prevent resentment if the funds and/or leave are not approved or available.



Send the completed form and attached citation to:

The Human Resources Office