 **EMPLOYEE RECOGNITION NOMINATION**

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| --- | --- | --- | --- | --- |
| **Part I – To Be Completed by Nominating Official** | | | | |
| Employee’s Name/PS ID #: | |  | | |
| Department Org & Name Award to be paid from: | | |  | |
| Effective Date of Award: | |  | | |
| $ | Individual Impact Award | | Total amount not to exceed $2,000 per fiscal year. | |
| $ | Customer Service Award | |
|  | | | | |
| **Part II – Justification and Signatures** | | | | |
| Justification for recognition award (attach additional documentation if necessary): | | | | |
| Nominating Officials (Vice President approval required) | | | | |
|  | | | |  |
| Supervisor Name and Title (print name and sign) | | | | Date |
|  | | | |  |
| Dean/AVP (print name and sign) | | | | Date |
|  | | | |  |
| Vice President (print name and sign) | | | | Date |
|  | | | |  |
| Grant Accounting, if applicable | | | | Date |
|  | | | |  |

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| **PART III – To Be Completed by Human Resources** | | | |
| $ | Individual Impact | Approval/Date: | PMIS Verified: |
| $ | Customer Service | Approval/Date: | PMIS Verified: |