

Auxiliary Operations
Recognition Award Nomination Form

Nominated Staff Member

Name: _____ Type: Part-time Full-time

Title/Position: _____ Time in Position: _____

ndID: _____ Net ID: _____ Classification: _____

Has this person received a year-end performance evaluation? Yes No

Does this person have a "Requires Improvement" in the overall goals and values ratings in the most recent year-end evaluation? Yes No

Has this person previously received a Recognition Award in the current fiscal year? Yes No

Nomination Information

Describe the nominee's work ethic, achievements, and/or behavior that initiated this nomination:

Specifically, how has the work described above exceeded his/her normal job expectations, or led to outstanding achievement outside the scope of regular job responsibilities over a period of time in addition to his/her current assignment?

Nominator (Manager/Supervisor)

Name: _____ Date: _____

Department: _____ Title/Position: _____

Phone: _____ Email: _____

Director's Approval

Name: _____ Signature: _____ Date: _____

Associate Vice President's Approval

Name: David A. Harr Signature: _____ Date: _____ Amount: _____