

**EMPLOYEE RECOGNITION NOMINATION**

**For Classified and Wage Employees Only**

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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 $5,000 per fiscal year. |
| $ | Customer Service Award |
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| **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: | Cardinal Verified: |
| $ | Customer Service | Approval/Date: | Cardinal Verified: |