



Human Resources & Payroll  
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
 Phone: 703-993-2600; Fax: 703-993-2601

**Recognition Leave Award Nomination Form**

**Information**

Name of Employee \_\_\_\_\_

G# \_\_\_\_\_ Department \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Executive Council Member's Signature \_\_\_\_\_

(The Executive Council Member is the Vice President or Provost who oversees the award recipient's department.)

**Amount:** \_\_\_\_\_

(Up to five days of annual leave per calendar year.

Expires one year from the pay period in which it was awarded.)

Who would you like the memo sent to? \_\_\_\_\_ Mail Stop # \_\_\_\_\_

(The memo provides details to the recipient about the award)

**Criteria**

Recognition leave is given as immediate recognition for outstanding performance or completion of a project or event that resulted in benefits to the department and/or to Mason. It is open to classified employees only.

**Description**

Please attach a paragraph explaining why the employee is eligible to receive this award based on the criteria above.

**Send the completed form and attached paragraph to:**

**Reward & Recognition Office, HR & Payroll, MSN 3C3**

HR Office Use Only	
Date Received: _____	Pay Period: _____
Date Processed: _____	Memo Sent: _____
Initials: _____	