



Immediate Recognition Award Form

Name of Employee

G#

Department _____

Funding Source for Award (does not apply to recognition leave)

Check One:

Central Awards Account: _____

Departments Org # _____ Departments Fund # _____

Reason for Award: *Please attach a paragraph detailing the reasons why the employee is eligible to receive this award.*

Individual Impact Award

Amount: _____ (indicate an amount from \$75 to \$200.)

Individual Impact Awards are subject to federal and state taxes.

Recognition Leave

(only applies to classified employees)

Amount: _____ (up to five days of annual leave per calendar year.)

Recognition leave expires one year from the pay period in which it was awarded.

Supervisor's Name: _____ Signature _____
Please print

Date: _____
Individual Impact Awards are directly deposited in the recipients account.

Who would you like the letter sent to? _____ Mail Stop #: _____
Please Print

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

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