



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

**Immediate Impact 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.)

**Award Amount:** \_\_\_\_\_  
 (Indicate an amount from \$75 to \$200.  
 Impact awards are subject to federal and state Taxes)

**Funding Source for Award**

Department's Org \_\_\_\_\_ Fund \_\_\_\_\_ Central Awards Account \_\_\_\_\_

Who would you like the memo sent to? \_\_\_\_\_ Mail Stop # \_\_\_\_\_  
 (The memo provides details to the recipient about the award)

**Criteria**

This award is given as immediate recognition for excellent performance or completion of a project or event that resulted in impact or benefits to the department and/or to Mason. It is open to administrative faculty, classified staff and wage employees.

**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: _____	