



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

Departmental Monetary Award Form

Information

Name of Employee _____

G# _____ Department _____

Department Head _____

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 dollar amount up to \$2,000. Monetary awards are subject to federal and state taxes)

Funding Source for Award: Department's Org _____ Fund _____

Criteria

Departments may provide monetary awards as part of their employee recognition. These awards should have criteria, a selection process and justification for the award, which must be provided with this form for processing.

Send the completed and signed form and attached documentation to:

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

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