PDCCC
Employee Recognition Action Form

Information
Nominee’s Name ________________________________________________________________
Title____________________________________________________________   Date ___________________
Supervisor’s Signature ____________________________________________________________________
Vice President’s Signature ________________________________________________________________
President’s Signature _____________________________________________________________________

Describe type of award requested (leave, monetary, non-monetary) ______________________
____________________________________________________________________________________

Has this employee received any leave, monetary or non-monetary awards this fiscal year?
Yes ___   No ___   If so, what was the amount/value? ________

Criteria

• Demonstrates excellent individual or team departmental performance (e.g., completion of
  a project or event, exceptional teamwork, excellent customer service, positive attitudes,
  etc.) in a timely manner.

Information

Please attach a brief citation of approximately 65-70 words describing the achievements of the
nominee (s) and how he/she/they meet(s) the criteria.

The request for recognition funds and/or recognition leave shall remain confidential and is,
therefore, not to be discussed with any employee until the review process is completed and the
funds and/or leave are awarded. Keeping this process confidential will prevent resentment if the
funds and/or leave are not approved or available.

Send the completed form and attached citation to:
The Human Resources Office