

INSTRUCTIONS: See Regulation GBE-RA: *Employee Recognition*.

PART I: TO BE COMPLETED BY PERSON RECOMMENDING AWARD

Employee Recommended for an Award _____ Position/Title _____
Department/School _____ Time in Present Position _____

Describe Major Position Duties.

Evidence of Outstanding Service. (Describe how the quality of work has been performed in a sustained, outstanding manner. Be specific and provide examples of outstanding service.)

Requested By _____
(Please Print Name) Position/Title _____
Department/School _____

Signature, Requester Date

PART II: RECOMMENDATIONS

A. To be completed by Director/Principal and Forwarded to the Appropriate Associate Superintendent or Chief Operating Officer.

Recommended Not Recommended, Reason _____

Signature, Director/Principal Date

Forwarded to Associate Superintendent or Chief Operating Officer ____/____/____
Date

B. To be completed by the Associate Superintendent and Forwarded to the Appropriate Deputy Superintendent

Recommended* Not Recommended, Reason _____

Signature, Associate Superintendent Date Forwarded to the Deputy Superintendent ____/____/____
Date

PART III: APPROVAL—To be completed by the Deputy Superintendent and Forwarded to the Office of Human Resources

Approved Not Approved, Reason _____

Signature, Deputy Superintendent or Chief Operating Officer Date Forwarded to Human Resources ____/____/____
Date