

EMPLOYEE RECOGNITION AWARD REQUEST

(Revised 6/19)

Complete all information below and submit it for necessary approvals.
Upon approval forward the original form to the Department of Human Resources.

Employee & Department Information		
Banner Fund and Org	Division	Department
Last, First Name MI	RU ID Number	Position Number/Title
Employment Type (Check One)		
Classified Staff	AP Faculty	T&R Faculty
		Adjunct Faculty

like Monetary Awards (Check and Complete One)

RU One Card Credit²

Gift Card/Certificate² #Unique Number: _____

Other (Specify): # _____

Nonmonetary Award ³

#Approximate Value : \$ _____

Description of Award: _____

Total Given/Awarded to This Employee	
Fiscal YTD (7/1-6/30) Monetary & Non-Monetary (Cannot Exceed \$2000)	Leave YTD (1/10-1/9) Recognition Leave Hours (Cannot Exceed 40)
\$ _____	_____ hours

Describe the Reason for Recognition
(Attach