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**Outstanding Performance Leave Award**

***Nomination Form***

|  |  |  |
| --- | --- | --- |
| Date |       |  |
| Employee Name |       |  |
| SSN or TID |       |  |
| Department |       | Mail Stop |       |
| **Justification for Paid Time-Off Reward** (must have documentation in at least one of the following categories) |
| Check all that apply:[ ] Consistently exceeds job standards[ ] Proactively meets customer needs or solves potential problems[ ] Represents the work unit and TTUHSC as a customer-oriented, professional, knowledgeable and friendly organization[ ] Participates in mentoring activities to help co-workers enhance their work performance[ ] Contributes to a friendly, responsive work environment and high morale |
| Describe specific instances of outstanding performance that support the items checked above: (1,000 characters max) |
|       |
| **Nominator:** |  |  |
|  | Signature | Print Name | Date |
| Date of Last Performance Appraisal |       | Overall Rating |       | # of Hours to Award\* |       |  |
| **Supervisor:** |  |  |
|  | Signature | Print Name | Date |  |
| *\*Maximum of 24 hours per fiscal year* |  |
| **Approvals:** |  |
|  | Department Administrator/Chair | Date |
|  |  |
|  | Dean | Date |

Attachment: Copy of last performance appraisal

Routing after approval: Original to Human Resources, STOP 8100; Copy to Department