



Date of Request: _____

Department Submitting Request: _____

Expected Expenditure per Award: \$ _____ Expected number of employees to be awarded annually: _____

Program in effect for: (what year, ongoing): _____ Frequency of awards: (monthly, quarterly, etc.): _____

Describe the nature and purpose of this recognition program:

Criteria used for the selection of awardees:

Describe the selection process; e.g. on what basis will the award(s) be given, who is making the selection, etc.:

University Human Resources Signature: _____

ADMINISTRATIVE

Department Head Signature: _____

Planning Unit Head Signature (Vice President): _____

OR

ACADEMIC

Chair or Director Signature: _____

Dean Signature: _____

Provost Signature: _____