REWARD AND RECOGNITION RECOMMENDATION

Before beginning, please indicate yes or no to the following questions:

1. Has this achievement been recognized by another pay action or award? ☐yes ☐no
   (If NO, please continue. If YES, **STOP**. This individual is not eligible for an R&R award. (Please see R&R guidelines for details.)
2. Is the employee eligible for this award? ☐yes ☐no (please see guideline for eligibility)
3. Does this achievement meet one or more of the criteria? ☐yes ☐no

Criteria for an Award

1. Technical accomplishment, breakthrough, or discovery;
2. Creativity and/or initiative used in accomplishing work assignments, including problem definition and solution;
3. Innovation by team or individual that contributes to progress towards the completion of a project or milestone;
4. Exemplary performance in response to an important organizational need;
5. Improvement of quality, efficiency, safety, productivity, etc.;
6. Administrative or management practices that have a positive organizational effect.
7. Achievement in support of Lab's goals or values, e.g., ES&H, cost cutting/enhanced efficiency, educational outreach, diversity, and activities that enhance the Lab's standing in the community as a "good" citizen.
8. Performance of other duties outside employee's own expected job requirements.

If you have checked yes to questions 2 & 3, please complete the following fields.

Employee Information *** All Fields Are Required**

Employee Name (Last, First, Middle Initial)	Employee ID

Work Location

Department	Job Title

Compensation Information

Pay Frequency	**Net Award Amount $25 Increments*** (minimum $100, maximum $1000)
___Non-Exempt (Weekly)	
___Exempt (Monthly)	**Project/Task Code:**

Justification for the Reward Recommendation*

All 5 Steps Must be Completed in the Space Below:

1. Indicate the # 1-8 from the Criteria Description above.
2. Include the date of the event/achievement (must be within the three months).
3. Describe the event/achievement that led to the award (1 award per event/achievement).
4. Describe how or what the employee needed to do to meet the criteria.
5. Describe how the employee went beyond the normal job expectation or normal daily duties and responsibilities.

Requestor (Please Print) & ID#	**Ext.**	**Approving Mgr. Signature & ID#**	**Date**
Requestor Signature	**Date**	**Division/Section/Center Head Signature & ID#**	**Date**

Payroll - please call the following Administrator for pick up:

Division/Section/Center Reward & Recognition Fund Administrator Phone #

cc: Compensation Group, MS 124, (employee's file)
Division/Section/Center Head

NOTE: THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED. THE CURRENT VERSION IS MAINTAINED ON THE WDRS WEBSITE.