



Request to Establish Employee Award or Recognition Program

Program Information

Award Program Title:		
College/VP Area (Sr. Management Area):	Sr. Management Code:	Total Projected Cost:
Participating Departments (Include Department Name and Number) <input type="checkbox"/> University-wide participation <input type="checkbox"/> All Departments within College/VP area will participate <input type="checkbox"/> Participation will be limited to the following Departments (list these below or attach list): _____ _____ _____ _____ _____ _____ _____ _____ _____		
Brief Description of Program and Objectives:		
Funding Source: <input type="checkbox"/> E&G <input type="checkbox"/> Auxiliary <input type="checkbox"/> Extension <input type="checkbox"/> Foundation <input type="checkbox"/> Sponsored (fund #) _____		

Eligible Employees (Check all that are eligible):		
<input type="checkbox"/> Classified & University Staff	<input type="checkbox"/> A/P Faculty	<input type="checkbox"/> Instructional Faculty
<input type="checkbox"/> T&R Faculty	<input type="checkbox"/> Hourly Wage	<input type="checkbox"/> Wage/Adjunct Faculty (P14)
<input type="checkbox"/> Other _____		
Award Program Schedule: <input type="checkbox"/> One-time <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify) _____		
Describe eligibility criteria, nomination and selection process, how program will be communicated:		

Type of Award

Please check all that apply:	
<input type="checkbox"/> Monetary Award (Classified/University Staff & Faculty) _____ Number of Employees to Receive Award _____ Award Amount per Employee	
<input type="checkbox"/> Non-Monetary Award (Classified/University Staff & Faculty) _____ Number of Employees to Receive Award _____ Estimated Cost per Award Describe type(s) of non-monetary awards to be distributed:	
<input type="checkbox"/> Recognition Leave (Salaried Classified/University Staff Only) _____ Number of Employees to Receive Award _____ Number of Hours to be Awarded per Employee	
<input type="checkbox"/> Recognition Event (Briefly Describe Type of Event) Estimated Cost of Event: _____	
Human Resources Use:	
<input type="checkbox"/> <i>The above award has been determined to be non-discretionary under the Fair Labor Standards Act and will be subject to a re-calculation of any over-time earned during the award period.</i>	

Approvals: The Program proposal should be sent to Human Resources for review prior to Executive Vice President and Provost or Executive Vice President and Chief Operations Officer approval. After review, Human Resources will route the form to the appropriate offices. Please note that the President's approval is required for a university-wide award program, and Office of Sponsored Programs approval is required for any programs using sponsored funds.

Requested by				
Dean/Vice President		Print Name	Signature	Date
EVP & Provost/ EVP & COO		Print Name	Signature	Date
Office of Sponsored Programs		Print Name	Signature	Date
President		Print Name	Signature	Date
		Print Name	Signature	Date
Administrative Reviews:				
Human Resources:	Controller's Office:	Program Reference Number:	Approval Date:	