

# Employee Recognition Award Plan Document

Please refer to the policy, [Reward Plans and Recognition Plans](#) for details regarding the plan provisions contained in this form.

This is a fill-able PDF. To enter information, use the TAB key or place the cursor in the shaded field. When you are finished entering the information, print the form, sign/date, and route for approvals.

**Name of campus, RC, or unit/department that is sponsoring the Recognition Plan**

**Purpose** (Plan objectives and how accomplishments support University or campus goals and objectives)

**Eligible Employees** (Full-time, Part-time, Hourly)

**Award Period** (Fiscal Year, Calendar Year, Semester, etc.)

**Describe the nomination process**

**Describe the selection criteria and process**

## **Award**

Number of individual awards

Total estimated expense for award period

Timeframe for Award Payment (generally within 30 days following end of award period)

**Approvals**

Please route this printed plan document for signatures.

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Unit/Department Date

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Plan Administrator (oversees compliance of this Reward Plan) Date

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Vice President, Chancellor, Provost or RC Head Date

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Campus Budget Office (UA – University Budget Office) Date

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Campus Human Resources Office Date