

NOMINATION/APPROVAL FOR AWARDS: MONETARY OR TIME-OFF

INDICATE TYPE OF AWARD
RECOMMENDED
(Check the appropriate box)

SPECIAL ACT ON-THE SPOT TIME OFF

INDIVIDUAL PERFORMANCE (*Staff Only*): QSI Performance

**SECTION I
(TO BE COMPLETED BY NOMINATING OFFICIAL)**

NAME OF NOMINATING OFFICIAL		NAME OF NOMINEE	
NOMINATING ORG/DEPT		POSITION TITLE	
PERIOD OF SERVICE FROM: TO:	POSITION HELD DURING PERIOD COVERED IF DIFFERENT FROM CURRENT		

FOR A GROUP NOMINATION ATTACH A SEPARATE SHEET IDENTIFYING NAMES, TITLES, SERIES, AND GRADES
JUSTIFICATION FOR AWARD NOMINATION. PROVIDE ENOUGH DETAIL TO SUPPORT NOMINATION.

RECOMMENDED AMOUNT OF MONETARY AWARD:	JON TO BE CHARGED: <input type="checkbox"/> DIRECT <input type="checkbox"/> INDIRECT <input type="checkbox"/> REIMBURSABLE
RECOMMENDED AMOUNT OF HOURS OF TIME OFF:	IF REIMBURSABLE, RESEARCH OFFICE COORD:

**SECTION III
AWARD APPROVAL/DISAPPROVAL**

- FUNDS ARE AVAILABLE AND THIS MONETARY AWARD NOMINATION IS APPROVED
- TIME-OFF AWARD NOMINATION IS APPROVED
- DISAPPROVED

NOMINATING OFFICIAL SIGN & DATE	DEAN or DEPT HEAD SIGN & DATE
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**SECTION III
AWARDS EXCEEDING \$3,000.00 OR 24 HOURS TIME OFF REQUIRE PRESIDENT APPROVAL**

**SECTION IV
BUDGET REVIEW**

APPROVED DISAPPROVED SIGN & DATE:

AWARDS PROGRAM ADMINISTRATOR, HUMAN RESOURCES

RPA NUMBER:	EFFECTIVE DATE:
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