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**Outstanding Performance Leave Award**

***Nomination Form***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | |  | | | | |  | | | | | | |
| Employee Name | | |  | | | | | | | | | | |  |
| SSN or TID | | |  | | | | |  | | | | | | |
| Department | | |  | | | | | Mail Stop | |  | | | | |
| **Justification for Paid Time-Off Reward** (must have documentation in at least one of the following categories) | | | | | | | | | | | | | | |
| Check all that apply:  Consistently exceeds job standards  Proactively meets customer needs or solves potential problems  Represents the work unit and TTUHSC as a customer-oriented, professional, knowledgeable and friendly organization  Participates in mentoring activities to help co-workers enhance their work performance  Contributes to a friendly, responsive work environment and high morale | | | | | | | | | | | | | | |
| Describe specific instances of outstanding performance that support the items checked above: (1,000 characters max) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Nominator:** | |  | | | | | | | | | | |  | |
|  | | Signature | | | | Print Name | | | | | Date | | | |
| Date of Last Performance Appraisal | | | |  | Overall Rating | |  | | # of Hours to Award\* | | |  |  | |
| **Supervisor:** | |  | | | | | | | | | | |  | |
|  | | Signature | | | | Print Name | | | | | Date | |  | |
| *\*Maximum of 24 hours per fiscal year* | | | | | | | | | | | | |  | |
| **Approvals:** |  | | | | | | | | | | | | | |
|  | | Department Administrator/Chair | | | | | | | | | Date | | | |
|  | |  | | | | | | | | | | | | |
|  | | Dean | | | | | | | | | Date | | | |

Attachment: Copy of last performance appraisal

Routing after approval: Original to Human Resources, STOP 8100; Copy to Department