

Service Excellence Leave Award Nomination Form

Nominee Information:

Nominee: _____ R#: _____ Date: _____
First Last

Department: _____ Nominee Position: _____

**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 TTU 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:

Nominator: _____ Signature: _____ Date: _____
First Last

Supervisor Section:

Date of last performed appraisal: _____ Overall rating: _____ Recommended hours to be awarded
(maximum 32 in a fiscal year): _____

Approver: _____ Signature: _____ Date: _____

*attachment of a copy of the latest performance appraisal required

Approvals:

Date Signed:

Dept Manager: _____ Signature: _____

Next Level Mgmt.
(if applicable): _____ Signature: _____

SVC/SVP/VP or P/
SVPAA: _____ Signature: _____

After filling out please print to obtain signatures. When completed, please scan and send to awards.recognition@ttu.edu along with copy of latest performance appraisal.