

Staff Recognition Award Program Nomination Form

Name of Nominee:	Employee ID:	
	Employee Type:	○ Full-time ○ Part-time
Department Name:	Employee Type.	or an time or are time
Requestor's Name:	Award Amount:	Date:
Requestor's Title:		be between \$300 and \$5,000 , ed to the nearest dollar
For full guidelines, please consult the HR website (https://offices.depaul.edu/human-resources/compensation/rewards-recognition/Pages/default.aspx)		
Support		
The DePaul University Staff Recognition Award Program is designabove and beyond an employee's core job duties and significant success or improving the student experience, 3) improving the student experience experi	cantly contribute to: 1) uni	versity and department initiatives, 2)
Please use the space below to highlight how the employee has contributed to these objectives:		
- Explain how the employee went above and beyond their normal daily duties and performed exceptional work.		
- Site the specific project(s) along with: project objective, project time frame, and project team members/areas involved.		
If an award is being given to a group of individuals, describe the department or university-wide impact of the project or accomplishment and the significant work required across multiple areas or functions of the university. Please provide a detailed description below (at least 100 words):		