##  Employee Information

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| --- | --- | --- | --- |
| Employee Name: |  | Job Title: |  |
|  | Print |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PLID #: |  |  Department: |  |

## Employee Commendation Information

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| --- | --- |
| 1. In what areas has the employee exceeded expectations?

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##  Comments

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| --- | --- |
| Supervisor’ Comments: |  |

## Signatures

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| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |

*Distribution: Original to Department Director for inclusion in departmental personnel file: copies to employee, Human Resources, and VP Office.*