

Request to Establish Employee Recognition Program

Program Information

Program Title:		
College/VP Area (Sr. Management Area):	Department No:	Total Projected Cost:
<p>Participating Departments (Include Department Name and Number)</p> <p><input type="checkbox"/> All Departments within College/VP area will participate</p> <p><input type="checkbox"/> Participation will be limited to the following Departments (list these below or attach list):</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p>		
Brief Description of Program and Objectives:		
Funding Source(s):		

Employees Eligible to Receive Recognition in Your Program (Check all that are eligible):			
<input type="checkbox"/> Classified Staff	<input type="checkbox"/> Temporary	<input type="checkbox"/> Faculty	
<input type="checkbox"/> Research Grant	<input type="checkbox"/> Time Limited	<input type="checkbox"/> TFAC	
Recognition Program type: <input type="checkbox"/> One-time <input type="checkbox"/> Annual <input type="checkbox"/> On-going <input type="checkbox"/> Other (specify) _____			
Describe eligibility criteria, nomination and selection process, and how program will be communicated:			

Type of Award

Please check all that apply:

Monetary Award

_____ Estimated Number of Employees to Receive Awards

_____ Maximum Award Amount per Employee (limited to \$50 per employee per award)

Non-Monetary Award (tangible items without a cash face value, i.e. food, books, certificates)

_____ Estimated Number of Employees to Receive Awards

_____ Estimated Cost per Award

Describe type(s) of non-monetary awards to be distributed (attached additional page if necessary):

Recognition Award (Little or No Tangible Value)

Source(s) of Award (Manager, Peer, Co-Workers, etc.)

Type(s) of Award

Recognition Event (Briefly Describe Type of Event) Estimated Cost of Event: _____

Total Estimated Budget for the Recognition Program (all components)

Approvals: The Program proposal should be sent to the Division of Human Resources at strongn@mailbox.sc.edu. After review, Human Resources will route the form to the appropriate offices. Please note that additional approvals may be required depending upon the type of award and the source of funds proposed.

Requested
by Director/
Department
Head

Print Name

Signature

Date

Associate
Vice-
President
H.R.
Programs
and Services

Print Name

Signature

Date

Administrative Reviews:

Human Resources:

Controller's Office:

Program Reference Number:

Approval Date: