FORMAL RECOGNITION AWARD



(Up to \$2,500 and/or 5 days paid leave)

Employee Name: _			I	D No:
Employee Status:	Regular Term	n Funded	Student Employee	TKL:
Charge to: Departm Awards, whether fo			 y be charged to <u>unrestr</u>	<u>icted</u> funds.
Award Type:				
	10) \$ will be paid by Payroll		ed, and in the next regular p	ayroll run.
			(hour equivale wing employee classes: NR,	
from UAF. Pe	ermission to use Paid L	eave must be	pre-	
Requesting Supervisor's Name:				TKL:
Supervisor's Institu	te/School/Unit & D	D epartment	:	
Requesting Supervisor's Signature:				Date:
Justification for Aw	ard:			
Required Approvals	S			
Dean/Director - cir	cle one: Approve	d Den	ied	
h ©	reupl #	2o_		

UAF Policy 04.05.001 Revised: July 17, 2009 Form Revised 01/27/15