ployee Recognition Bonus Program Nomination Form

Person Nominating (Completing form):			
Position/Department:			
Date of Nomination:			
	Naminated Employ		
	Nominated Employ	ee information	
Employee Being Nominated:		Start Date:	
Employee ID:		Job Title:	
Supervisor:		Department:	
	Type of Reco	gnition	
☐ Team Player Award (\$100)			
Rock Star Award (\$250)			
Champion for Hoosier Child	lren Award (\$500)		
	Justifica	tion	
Provide specific details below (requ		vithout justification). Describe the nom	ninee's
		chieved? In what ways has the person	
been outstanding?			
	Routin	g	
		al approval by the Deputy Director. The Cha	
		ncy Head. All approved award forms must be I as the requesting supervisor to notify the e	
Doorteeognition Togram@ass.in.gov	or processing/tracking as we	ras the requesting supervisor to hothly the e	трюусс.
Direct Supervisor	Amount Award Approved	Date	
Department Manager/Local Office Director	Amount Award Approved	Date	
Regional Manager	Amount Award Approved	Date	
Deputy Director	Amount Award Approved	Date	
Agency Head/Chief of Staff Approval	Amount Award Approved	Date	