Texas Tech University Health Sciences Center
Service Excellence Leave Award
Nomination form

Date: _____

Employee Name: _____

Tech ID: R#_____

Department/Orgn: _____Mail Stop _____

Justification for Paid-Time-Off Reward

Describe specific instances of outstanding performance that support this nomination.
(Additional documents may be attached)

Nominator: _____
Signature Print Name Date

Supervisor Concurrence: I concur that this employee's recent performance evaluation is at above average and I approve this award: _____
Signature Print Name Date

Recommended hours to be awarded (maximum 32 in a fiscal year): _____

Approvals: _____
Department Manager/Chair Date

_____
Dean/Vice President Date