TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Employee Non Cash Awards, Prizes and Gifts Form

Section A

Name of Recipient: _____ Employee R# _____

Description of gift: _____

Date Purchased: _____ Value of Item: _____

Has the item been engraved with the recipient's name? Yes ____ No ____

Section B

Is the award, prize or gift given for retirement? Yes ____ No ____

Is the award, prize or gift given for length of service, but not retirement? Yes ____ No ____

If no on both of the above, explain the purpose of the award, prize or gift:

_____

_____

If yes, on any of the above, has this employee received any other length of service award within the current tax year or any of the past four years? Yes ____ No ____

If retiring, how long (in years) has this employee been employed by TTUHSC? _____

If the award was presented to the employee as part of a meaningful presentation, please describe:

_____

_____

Was this employee achievement award for a departmental or safety program award? Yes____ No ____

Section C

I certify that the above information is true and correct to the best of my knowledge and approve the issuance of this award, prize or gift.

Fund Manager _____ Date _____