FORMAL RECOGNITION AWARD

(Up to \$3,500 and/or 5 days paid leave)



Please	print	or	write	legibly
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Employee Name:	ID No:		
Regular Term Student Employee			
Department Org/Fund/Account:	nrestricted funds and are taxable.		
Type of Award: Monetary (EC 710) \$ Leave awards must be used in the fiscal year awarded; unused separation from UAF.	Leave (EC 460) hours hours leave will be lost upon the employee's termination or		
Justification for Award:			
Requestor Name and Department:			
Supervisor Name and Department:			
Supervisor's Signature:	Date:		
Fiscal Approval Name/Signature:	Date:		
Dean/Director's Signature:	Date:		
□Approved □Denied			
Provide Reason for Denial:			
Provost/Vice Chancellor Signature:	Date:		
□Approved □Denied			
Provide Reason for Denial:			

Instructions. after final APPROVAL Supervisor: Responsible for tracking leave awarded. Employee: Recording EC code 460 on time sheet when using leave award.