

EXCEPTIONAL PERFORMANCE RECOGNITION AWARD RECOMMENDATION FORM

Before beginning, please indicate yes or no to the following questions:

1. Is the employee eligible for this award? yes no (please see EPRA guidelines for eligibility)
2. Does this achievement meet one or more of the criteria? yes no

Criteria for an Award

1. Technical accomplishment, a breakthrough, or a discovery.
2. Innovation by a team or an individual.
3. Significant cost reduction.
4. Significant contribution to or completion of a project, or milestones within a project.

If you have checked yes to questions 2 & 3, please complete the following fields:

Employee Information

Employee Name (Last, First, Middle Initial)	Employee ID
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Work Location

Division/Section/Center	Job Title
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Compensation Information

Pay Frequency ___ Non-Exempt (Weekly) ___ Exempt (Monthly)
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Basis for Nomination (additional documentation may be attached to this form)

1-2 Sentence Summary of Contribution for Award Certificate and Fermilab Today

Nominator(s):	Date:	Division/Section/Center Head:	Date:
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Suggested Reviewers:

To Be Completed By Associate Director

Associate Director:	Date:	Award Amount:
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To Be Completed By Director

Director:	Date:
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