

# **EMPLOYEE AWARDS TEMPLATE**

**Employee Awards must be given through a competitive program that promotes the best interest of Auburn University and the purpose for which the University was created.** All employee award programs must be submitted to the Employee Awards Committee for review and approval. Approval from this Committee is required prior to any award distribution. All award funding is provided through the local budget. Departments/Units are responsible for funding and continuation or dissolution of employee award programs.

The following template contains the necessary elements for an employee award program. The Department/Unit is responsible for the administration of the program and ensuring compliance with the [Policy on Employee Awards](https://sites.auburn.edu/admin/universitypolicies/Policies/PolicyonEmployeeAwards.pdf), the [Employee Awards Procedures](http://www.auburn.edu/administration/human_resources/awards1.pdf), and any other applicable University policy. Submit employee award plans to [awardsprogram@auburn.edu](mailto:awardsprogram@auburn.edu) for approval.

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| EMPLOYEE AWARDS QUESTIONS |
| 1. Department Name |
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| 1. Name and Contact Information for Award Program |
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| 1. Name of Award Program |
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| 1. State the Business Purpose   *What is the primary benefit to the University and its mission?* |
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| 1. Description of the Program   *What is the goal of the recognition program and which positive outcome(s) are expected? What variety of strategies will you include? Identify the program objectives for the department.* |
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| 6.) Identify Award Themes and Selection Criteria  *(a) Identify the award themes, such as “Exemplary Performance”, “Superior Customer Service”, “Teamwork”, “Employee Safety”, etc. (b) Identify selection criteria. The selection criteria may be linked to a department’s mission or core values or positive behaviors such as leadership, teamwork, productivity, innovation, or an unsung hero. Please define each as it relates to your department.* |
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| 7.) Identify Award Eligibility Criteria  *Who will be eligible to participate? How frequently can an employee win the award? Any exclusions to eligibility?* |
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| 8.) Identify Award Types and Frequency  *(a) Which types of awards will be presented to employees (cash, trophy, t-shirt, hat, etc…) (b) Determine the award frequency. (c) list the award theme, amount, frequency  EX. Exemplary Work Performer of the Quarter: Award: $500: Awarded Quarterly* |
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| 9.) Identify Nomination and Selection Process  *(a) What is the nomination process: Is there a nomination form? Who can submit nominations? What information is needed? How should nominations be submitted? Add justification definitions if needed. (b) What is the selection process? Define rating procedures and processes, who will review and score nominations, what is this based on? Please provide definitions. (Determine if a departmental committee, as mentioned in the Employee Awards Procedure, is needed to assist with this effort.)* |
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| 10.) Identify Communication Plan  *How will you communicate the program to your staff? How will you recognize award recipients? (flyers, newsletter, program, bulletin boards, departmental website, departmental meetings, etc.)* |
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| 11.) Evaluation  *What process will be utilized to evaluate the program? What is needed to maintain the program and what follow-up processes will be utilized?* |
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| 12.) Funding Source  *What funding source will support this program? Tailor the degree of detail necessary for your Budget Officer to review.* |
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**Budget Officer Approval** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Unit Head Approval** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Award Committee Approval**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Final Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Renewal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_