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

Date:				
Employee Na	me:			
Tech ID: R#_				
Department/C	Orgn:			
	1	Carting to Dail Time Off	. D	
	Describe specific instance	fication for Paid-Time-Offes of outstanding performance Iditional documents may be at	that support this nomination).
Nominator:	Signature	Print Name	Date	
	Signature	riiit Name	Date	
Supervisor Co	oncurrence: I concur that this	employee's recent performance e	evaluation is at above average a	and I approve
	Signature	Print Name	Date	
Recommende	ed hours to be awarded (maxi	mum 32 in a fiscal year):		
Approvals:		r	Date	
	Door Wiss Dress Last		Data	
	Dean/Vice President		Date	