

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

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Tech ID: R# \_\_\_\_\_

Department/Orgn: \_\_\_\_\_

**Justification for Paid-Time-Off Reward**

Describe specific instances of outstanding performance that support this nomination.  
(Additional documents may be attached)

Nominator: \_\_\_\_\_  
Signature
Print Name
Date

Supervisor Concurrence: I concur that this employee's recent performance evaluation is at above average and I approve this award: \_\_\_\_\_  
Signature
Print Name
Date

Recommended hours to be awarded (maximum 32 in a fiscal year):

Approvals: \_\_\_\_\_  
Department Manager/Chair
Date

\_\_\_\_\_ Date

Dean/Vice President