



## Request to Establish Employee Award or Recognition Program

For information on establishing an award refer to information on the following HR website:

<http://www.hr.vt.edu/our-workplace/awards-recognition/awards/establishing-awards.html>

Once form is completed, submit it to Human Resources using this link:

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<https://vthr.teamdynamix.com/TDClient/1820/Portal/Requests/ServiceDet?ID=48448>

## Program Information

Award Program Title:		
College/VP Area (Sr. Management Area):	Sr. Management Code:	Total Projected Cost:
Participating Departments (Include Department Name and Number)		
<input type="checkbox"/> University-wide participation <input type="checkbox"/> All Departments within College/VP area will participate <input type="checkbox"/> Participation will be limited to the following Departments (list these below or attach list):  <div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-around;"> <div>_____</div> <div>_____</div> <div>_____</div> </div>		
Brief Description of Program and Objectives:		
Funding Source: <input type="checkbox"/> E&G <input type="checkbox"/> Auxiliary <input type="checkbox"/> Extension <input type="checkbox"/> Foundation		
<input type="checkbox"/> Sponsored (fund #) _____		

<b>Eligible Employees (Check all that are eligible):</b>		
<input type="checkbox"/> Classified & University Staff <input type="checkbox"/> T&R Faculty <input type="checkbox"/> Other _____	<input type="checkbox"/> A/P Faculty <input type="checkbox"/> Hourly Wage	<input type="checkbox"/> Instructional Faculty <input type="checkbox"/> Wage/Adjunct Faculty (P14)
Award Program Schedule: <input type="checkbox"/> One-time <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify) _____		
<b>Describe eligibility criteria, nomination and selection process, how program will be communicated:</b>		

### Type of Award

<b>Please check all that apply:</b>	
<input type="checkbox"/> Monetary Award (Classified/University Staff & Faculty) _____ Number of Employees to Receive Award _____ Award Amount per Employee  <input type="checkbox"/> Non-Monetary Award (Classified/University Staff & Faculty) _____ Number of Employees to Receive Award _____ Estimated Cost per Award Describe type(s) of non-monetary awards to be distributed:	
<input type="checkbox"/> Recognition Leave (Salaried Classified/University Staff Only) _____ Number of Employees to Receive Award _____ Number of Hours to be Awarded per Employee	
<input type="checkbox"/> Recognition Event (Briefly Describe Type of Event)	Estimated Cost of Event: _____
<b>Human Resources Use:</b> <input type="checkbox"/> <i>The above award has been determined to be non-discretionary under the Fair Labor Standards Act and will be subject to a re-calculation of any over-time earned during the award period.</i>	

**Approvals:** The Program proposal should be sent to Human Resources for review prior to Executive Vice President and Provost or Executive Vice President and Chief Operations Officer approval. After review, Human Resources will route the form to the appropriate offices. Please note that the President's approval is required for a university-wide award program, and Office of Sponsored Programs approval is required for any programs using sponsored funds.

Requested by			
_____		_____	_____
Print Name		Signature	Date
Dean/Vice President			
_____		_____	_____
Print Name		Signature	Date
EVP & Provost/ EVP & COO			
_____		_____	_____
Print Name		Signature	Date
Office of Sponsored Programs			
_____		_____	_____
Print Name		Signature	Date
President			
_____		_____	_____
Print Name		Signature	Date
Administrative Reviews:			
Human Resources:	Controller's Office:	Program Reference Number:	Approval Date: