Notice of Superior Performance

Employee Name:	Job Title:
Department:	Supervisor:
Date/Time of Occurrence:	Location:

Facts of Superior Performance

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Print name of supervisor preparing this report: _____

Supervisor signature _____ Date_____

Dean/Department Head signature _____ Date_____

Employee signature _____ Date_____

Complete immediately and forward within three (3) business days to: Director of Human Resources
HR form/12/2013