



# P.R.I.D.E. Feedback Form

Public Recognition Involving Dedicated Employees  
(To be completed by Department Director)

Employee's Full Name:

Department:

Job Title:

Recommend award for performance in the following category:

- Customer Service       Teamwork       Initiative  
 Other (define):

Detail reasons why employee is being nominated for a P.R.I.D.E. Award:

Nominating Director Name:

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

***Send this form, along with the Above and Beyond nomination card or other documentation (if applicable) to HR for review.***

<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	HR Director Review: _____
Comments: _____		
County Administrator (or designee) signature: _____		
Date: _____		

**Directions to CAO staff:**

***If approved:***

- Prepare the employee P.R.I.D.E. award certificate
- Original certificate and copies of this form and nomination card, if applicable, to Director
- Copy of certificate and original copy of this form and nomination card to HR
- Copy of all documentation to PIO

***If denied:***

- Copies of this form and nomination card, if applicable, to Director
- Original copy of this form and nomination card to HR

**Directions to PIO:**

- Coordinate the following: picture of employee on website (if agreeable) and spotlight in the next County Newsletter

**Directions for HR:**

- Payroll HR specialist process 4 hours of leave for all approved employees
- All paperwork to be filed in employees HR file