

**UNIVERSITY OF IOWA
FINANCE & OPERATIONS DIVISION
DEPARTMENTAL EMPLOYEE RECOGNITION PROGRAM**

Finance & Operations departments are encouraged to develop recognition programs. The Finance & Operations departmental recognition programs must be documented using this form and approved by the Department Head, Senior HR Representative, the Department's Budget Officer, and the Senior VP for Finance & Operations. Multiple events and programs may be listed on this form. The departmental recognition policy should be available to all staff.

Please use this template to document your departmental employee recognition program. See examples and relevant policy excerpts below.

Department Name: _____ **Date Completed:** _____

Purpose:

This Program is implemented with the desire to motivate, reward, and recognize the efforts of the staff and students within the Department. By implementing this Program we will:

1. Foster a positive and more cohesive workplace culture.
2. Increase teamwork on multiple levels of our workplace environment.
3. Foster a positive attitude toward the Department, the F&O Division, and the UI as the employer of choice.
4. Enhance creativity and communication within the Department.
5. Enhance collaboration between departmental units.
6. Give all employees a chance to be rewarded and recognized for their work.

Name of Event/Program/Process #1 (Add as many events/programs as applicable, making sure to cover the bullets listed for each event/program)

- Description of event/program/process:
- Business purpose:
- Items to be purchased:
- Budget & Source of Funds*:
- Eligible Staff:

Name of Event/Program/Process #2

- ***(Follow the bullets noted in event/program/process #1)***

Approved by **Department Head**

Print Name _____

Signature _____

Date _____

Approved by **Senior HR Representative**

Print Name _____

Signature _____

Date _____

Approved by **Departmental Budget Officer**

Print Name _____

Signature _____

Date _____

Approved by **Senior VP for Finance & Operations**

Print Name _____

Signature _____

Date _____

Note: Recognition programs are to be reviewed periodically. If changes are made, submit the revised program to the F&O Senior HR Representative for approval.

Reviewed Dates _____