

FINANCE AND OPERATIONS

FLEXIBLE PAY AWARDS NOMINATION FORM

**SPOT PERFORMANCE AWARD**

Submission of this nomination indicates that the *Finance and Operations Flex Pay Guidelines* have been reviewed and all required award nomination criteria has been confirmed.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source (MFK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ Amount Requested: \_\_\_\_\_\_\_\_\_\_ (Not to exceed $75)

Has employee received a SPOT flex pay award this fiscal year? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, date of previous award (*Maximum of 4 per year, must be 30 days apart.)*

Describe accomplishment/achievement:

Signature of Supervisor

Date

Yes No\* Date Approval of DEO Reason

\* *If no, indicate Reason*

HR Unit Representative should forward form by attaching in Workflow to the Special Compensation form for Spot Awards to the Senior Vice President’s office.