

PSA Staff Exceptional Performance Recommendation Form



Review Period	
Department	
Employee Last Name, First Name	
Employee Title	
Immediate Supervisor	

Exceptional Performance is defined as demonstrably superior performance for the evaluation period which consistently demonstrates a mastery of the position requirements.

Recommended for exceptional performance award:

Please provide below a summary demonstrating how the employee meets the criteria of exceptional performance as defined, listing specific contributions, characteristics and outcomes.

Justification MUST be provided if employee is being recommended for exceptional performance award.

Supervisor/Dept Head signature _____ Date _____
 Division Head signature _____ Date _____

Recommendation accepted VP signature _____ Date _____
 Recommendation not accepted