

## TIME-OFF AWARD NOMINATION FORM

NAME OF AWARDEE (Last, First, Middle Initial)	SSN	EFFECTIVE DATE (CHR Use Only)
DEPARTMENT	NUMBER OF HOURS OF TIME-OFF GRANTED	
AWARD BY (Name and Title)		Date (Month,Day,Year)
APPROVED BY (Name and Title)		Date (Month,Day,Year)
TIME-OFF AWARD MUST BE USED BY _____ (Not later than 1 year after the effective date)		

**REASON FOR AWARD**

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Summary statement explaining how the employee met one or more of the criteria for a time-off award.