

Acknowledgment of Extraordinary Contribution

Employee Name:	Employee RU ID Number:
Department:	Position Number:
Functional/Work Title:	

This form documents and recognizes you for the extraordinary contribution you have made in the performance of your duties. You are commended for your exemplary accomplishment/performance.

Description of specific extraordinary contributions:

Supervisor's Signature:	Date:
Reviewer's Comments:	Signature: Date:
Department Head/Director Comments: <small>(if not the supervisor or reviewer)</small>	Signature: Date:
Employee's Comments:	Signature: Date:

Important Notes:

In order to maintain consistency for issuing *Acknowledgement of Extraordinary Contribution* forms, the Department Head/Director must concur with rationale for issuing the form. This additional signature approval is required only if the department head/director is not the supervisor or reviewer.

An employee must receive at least two *Acknowledgement of Extraordinary Contribution* forms during the performance cycle to be eligible for an overall "Extraordinary Contributor" rating on the performance evaluation conducted in the same performance cycle. However, the receipt of two *Acknowledgement of Extraordinary Contribution* forms does not automatically entitle an employee to the "Extraordinary Contributor" rating.

The original form is given to the employee. The supervisor is to retain a copy in his/her departmental files. If the employee receives an overall, annual rating of "Extraordinary Contributor", the supervisor will forward at least two, separate forms in support of the overall rating.