

Employee Recognition Questionnaire



INSTRUCTIONS This optional form is used to assist supervisors and managers with their employee recognition efforts and does not imply that recognition must be given or received. Please complete and return the form to your supervisor or manager.

Employee Name	Date Questionnaire Completed
Title	Work Anniversary & Employment
Birthday (month/date) – Optional	Department: Number of Years at UCI: Number of Years at UC:

1. What are some work accomplishments and/or contributions you would appreciate being recognized for by your manager or supervisor?

- Leadership
- Innovation
- Creativity
- Exceeding a Goal
- Completing a Challenging Project
- Collaboration/Team Effort
- Initiative
- Customer Service
- Other, please describe:

2. In what type of setting are you most comfortable with in receiving recognition?

- Private
- Public
- Unit/Small Group
- No preference
- Other, please describe:

3. How would you like to be recognized for the work accomplishments and/or contributions?

- Personal Note or Card
- Verbal Acknowledgement
- Participate on a Committee
- Professional Development Opportunities
- Greater Responsibility (if appropriate)
- Other, please describe:

4. What additional information, suggestions, or interests would help your manager or supervisor to recognize your work accomplishments and/or contributions?

For Supervisor Use Only – Keeping Track of Employee Recognition

Date Employee Received Recognition	Reason(s) Employee Received Recognition	Type of Reward or Recognition Received