**Accompanying form for managers - granting a reward to an employee**

Name of employee:

Name of direct manager:

Name of unit head:

Type of reward: Gift Card/ Coupon for two to Zappa/ Annual monetary bonus (please circle)

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of budget to charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A -**

Please mark one or more criterion for granting the employee a reward:

* **Service-orientation**-The employee provides exceptional service to customers that is efficient, cordial and caring.
* **Professionalism**-The employee performs position responsibilities with high-level professionalism and quality, keeps up to date with innovations and is increasingly efficient in performing responsibilities.
* **Organizational commitment**-The employee demonstrates high-level commitment to the organization and willingness to contribute over and above what is required, takes responsibility for areas not within defined responsibility scope and functions exceptionally.
* **Teamwork**-The employee demonstrates willingness to help at all times and to contribute to teamwork and to the overall organization.
* **Initiative and innovation**-The employee initiates changes and improvements that contribute to increased unit efficiency, and demonstrates “out-of- the box” non-routine thinking that produces solutions.
* **Successful project completion**-The employee acts exceptionally and contributes beyond expectations to the project’s success.
* **Technion Management excellence**-The employee mobilized to take part in an overall Technion project for which Technion management initiated the reward.
* **Management and leadership** (for managers)-The manager provides a personal example to his/her employees, empowers employees and motivates them to achieve the organization’s goals.

**Part B –** Please specify the reasons for granting the reward to the employee:

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the direct manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of unit head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of the research coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_