

# Employee Recognition Questionnaire

**INSTRUCTIONS** Modify this form as needed. 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	Title
Work Anniversary Date	Birthday (month/date)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Customer service                                     | <input type="checkbox"/> Consistent job performance                |
| <input type="checkbox"/> Innovative ideas or processes                        | <input type="checkbox"/> Collaboration or support of a team effort |
| <input type="checkbox"/> Taking on extra responsibilities or special projects |  |
| <input type="checkbox"/> Other, please describe:                              |  |

**2. What would you find meaningful in being recognized for the work accomplishments and/or contributions listed above?**

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal acknowledgement  | <input type="checkbox"/> Personal note or card         |
| <input type="checkbox"/> Lunch with supervisor   | <input type="checkbox"/> Administrative leave with pay |
| <input type="checkbox"/> Other, please describe: |  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Private                 | <input type="checkbox"/> Public        |
| <input type="checkbox"/> Unit/small group        | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other, please describe: |  |

**4. Please list some of your favorite things so that your manager or supervisor may get to know you better. (Please fill in the blanks, if applicable.)**

- |                              |                                |
|------------------------------|--------------------------------|
| a) Favorite drink _____      | f) Favorite retail store _____ |
| b) Favorite snack _____      | g) Favorite flower _____       |
| c) Favorite dessert _____    | h) Favorite sports team _____  |
| d) Favorite food _____       | i) Other _____                 |
| e) Favorite restaurant _____ |                                |

**5. Please provide any additional information you would like us to know.**

**For Supervisor Use Only - Keeping Track of Employee Recognition**

Date Employee Received Recognition	Why Employee Received Recognition	Type of Reward or Recognition Received