## LDH EMPLOYEE RECOGNITION AND REWARDS REQUEST FORM Policy No. 52.1

Office Facility:	<b>EMPL</b>	OYEE INFORMAT	ΓΙΟΝ: (Please	e Print)				
Job Trile:	Office	e/Facility:			Pers Area:		CC#:	
TRAINING & CREDENTIALS    Continued for Management   Continued   Continued   Continued   Continued for Management   Continued for							Position #:	
TRAINING & CREDENTIALS  CPTP Certification: Up to \$500  Certificate for Building Effective Teams Certificate for Managing Ecopids Certificate for Managing Ecopids Certificate for Managing Ecopids Certificate for Managing Monk Certificate  EMPLOYEE OF THE MONTHOUARTER: Recognition Award:	Pay L	evel:			Current Base P	ay	Biweekiy \$	
Certification: Up to \$500 Certificate for Managing People Certificate for Managing Work Certificate for Managing Work Certificate for Managing Work Certificate for Managing Work Silon Certificate for Advanced Managerial Skills Tracking and Lectorical Managerial Manage	Amou	int Requested:						
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Certificate for Managing Mork Certificate for Advanced Managing Mork Certificate for Managing Mork Recognition/Award:					Other: Up to \$250	0/\$1000		
Certificate for Advanced Monegerial Skills		Certificate for Building Effective Teams Certificate for Managing People			Certified Pr			
Certificate   Money:   Plaque   Plaque   Plaque   Provided special services to clients or the public, on his/her own initiative, beyond the scope of his/her normal job duties but within the bounds of the code of ethics.    Give a brief description:   Money:   Money:   Money:   Plaque   Plaque								
Teaching and Learning Cartificate   Direct Support Professionals (ISSP)   Parking Space   Plaque				erial Skills	U Ouler Train	ing:		
Recognition/Award:		Teaching and Lear	ning Certificat	e				
Certificate   Plaque	<b>EMPL</b>	OYEE OF THE MO	ONTH/QUAR	RTER:				
LDH FIRST RESPONDER:    Certified First   Plassed with 97 or	Recog	gnition/Award:			Н			
Developed a new idea/procedure or improved upon an existing procedure which has been implemented and has reduced cost, increased productivity, or reduced accidents.    Give a brief description:	LDH F	TIRST RESPONDE			 LDH SAFETY AUDIT:	•	-	
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Requested by:    Division Director/Department Head   Date		within the bounds	of the code of	ethics.				<b>J</b>
Requested by:  Division Director/Department Head  Date  CERTIFICATION:  Employee: I have never been recognized and/or compensated for this specific education/training/achievement by LDH or any other LA State Department/Agency.  Date:  Human Resources Director (or designated HR staff): This request meets all the criteria specified in the LDH Employee Recognition and Rewards Policy.  Date:  LDH Secretary or Undersecretary or Deputy Secretary or MVA Director or Asst Secretary (or designee):  I hereby authorize this action and certify that this action complies with Civil Service Rules.  I certify that funding is available to recognize and/or compensate this LDH employee as indicated.  Approve: Amt Requested or \$		Give a brief descri	iption:					
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