

LDH EMPLOYEE RECOGNITION AND REWARDS
REQUEST FORM
Policy No. 52.1

EMPLOYEE INFORMATION: (Please Print)

Office/Facility: _____
Name: _____
Job Title: _____
Pay Level: _____
Amount Requested: _____

Pers Area: _____ CC#: _____
Personnel #: _____
Job Code: _____ Position #: _____
Current Base Pay _____ Biweekly \$ _____
Annual \$ _____

TRAINING & CREDENTIALS:

CPTP Certification: Up to \$500
☐ Certificate for Building Effective Teams
☐ Certificate for Managing People
☐ Certificate for Managing Work
☐ Certificate for Advanced Managerial Skills
☐ Teaching and Learning Certificate
☐ Direct Support Professionals (DSP)

Other: Up to \$250/\$1000
☐ Certified Professional Public Buyer: \$250
☐ Certified Public Accountant (CPA): \$1000
☐ Other Training: _____

EMPLOYEE OF THE MONTH/QUARTER:

Recognition/Award: ☐ Money: Max Allowed \$50
Certificate

☐ Parking Space
Plaque

LDH FIRST RESPONDER:

LDH SAFETY AUDIT:

☐ Certified First
Responder: \$250

☐ Passed with 97 or
better: \$200

INNOVATION AND INITIATIVE:

Date Of Achievement: _____

☐ 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:

Recognition/Award: ☐ Money: _____
☐ Certificate

☐ 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:

Recognition/Award: ☐ Money: Max Allowed \$50
☐ Certificate

☐ Parking Space
Plaque

Requested by: _____ Date: _____
Division Director/Department Head

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.

Signature: _____ Date: _____

Human Resources Director (or designated HR staff): This request meets all the criteria specified in the LDH Employee Recognition and Rewards Policy.

Signature: _____ 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 \$ _____
☐ Disapprove

Signature: _____ Date: _____
Original to E.A.: _____
Processed By: _____

Date Entered in ISIS: _____
By: _____