

"EVERYDAY HEROES"

LAUSD Classified Employee Recognition Program | **RECOGNITION FORM**

→ PERSON YOU ARE RECOGNIZING

First Name

Last Name

Current Job Title

Work Location

() -

Contact Phone #

Email Address *(If left blank, employee may not receive notification)*

Current Supervisor Information - *If left blank, supervisor may not receive notification*

Name of Current Supervisor

Email Address of Current Supervisor

→ RECOGNITION INFORMATION

Please describe why you are recognizing this employee. Provide as much detail as possible such as date, task/project completed, relationships with other employees, impact on customers, outcome, description of action or behavior that distinguishes the nominee from other employees, etc.

If you need more space, please feel free to attach an additional page.

→ YOUR INFORMATION

I am:



an LAUSD employee



not an LAUSD employee

First Name

Last Name

() -

Contact Phone #

Email Address

If you are an LAUSD employee:

Current Job Title

Work Location

If you are not an LAUSD employee:

Please state your connection to this employee (i.e. parent, contractor, vendor, etc.) _____

Thank you. Please submit the completed form via fax: (213) 241-8450 or email: everydayheroes@lausd.net.