Employee Recognition Questionnaire

mployee Name			Title		
ork Anniversary Date			Birthday (Month/date	Birthday (Month/date)	
1.	What a	re some work accomplishments and/or	contributions you wo	ould appreciate being recognized for	
	by your manager or supervisor?				
	0	Customer service	0	Collaboration or support of a team	
	0	Innovative idea or processes		effort	
	0	Taking on extra responsibilities or	0	Other, please describe:	
		special projects			
	0	Consistent job performance			
2. What would you find meaningful in being recognized for				ccomplishments and/or	
	contributions listed above?				
	0	Verbal acknowledgement	0	Other, please describe:	
	0	Lunch with supervisor			
	0	Personal note or card			
3.	In what type of setting are you most comfortable with in receiving recognition?				
	0	Private	0	Other, please describe:	
	0	Small group			
	0	No preference			
	0	Public			
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)				
	0	Favorite drink			
	0	Favorite snack			
	0	Favorite dessert Favorite food			
	0	Favorite restaurant			
	0	Favorite retail store			
	0	Favorite flower			
	0	Favorite sports team			
	0	Other			

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