**Rewards and Recognition**

Use this form when you have received a Written Agreement for an employee to receive rewards and/or recognition. An Additional Pay or SPOT form will need to be filled out to execute actual payment to the employee. If the payouts are split, utilize the “Award Payouts 2” and “Award Payouts 3” portions of this form. You are not limited to three payouts. For assistance filling out this form, please reach out to your HR Administrator or refer to the HR351 Rewards and Recognition job aid on the Cardinal website at [www.cardinalproject.virginia.gov/job-aids](https://www.cardinalproject.virginia.gov/job-aids)

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

*Please print legibly to prevent delay in processing.*

|  |  |
| --- | --- |
| **Authorization/Written Agreement Section:** | |
| Business Unit\* |  |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*  (MM/DD/YYYY) |  |
| Expiration Date  (MM/DD/YYYY) |  |
| Written Agreement\* | Yes  No |
| Reward Type\* |  |
| Authorized Amount | $ |
| Authorized Hours |  |
| Comments |  |
|  |  |
|  |  |
| **Award Payouts 1 (Required)** | |
| Award Date\* |  |
| Award Hours |  |
| Award Amount |  |
| **Award Payouts 2 (Optional for split payouts)** | |
| Award Date\* |  |
| Award Hours |  |
| Award Amount |  |
| **Award Payouts 3 (Optional for split payouts)** | |
| Award Date\* |  |
| Award Hours |  |
| Award Amount |  |