FAIRBANKS NORTH STAR BOROUGH
Request For Merit Award

EMPLOYEE NAME:_____
LAST FIRST M.I.

OR

GROUP OF EMPLOYEES NOMINATED FOR AWARD: _____

_____

DEPARTMENT/DIVISION:_____

Director's Signature: _____ Date: _____

Director's Justification For Award Consideration: ***(May provide an attachment of 1 page or less)***

_____

_____

_____

_____

_____

_____

_____

Processing:
Personnel
_____
Payroll
_____
(Initials)

For Internal Use Only

❑Recommended – Human Resources Director
❑Denied:

Award Amt: _____

❑Approved – Mayor
❑Denied:

Award Amt: _____

Effective Date:_____

Routing 1 COPY: Original in Merit Pay File
Copy: Department Director
Revised 7/25/06