CITY OF FLAGSTAFF
WOW INCREASE SUBMITTAL FORM

Wonderful Outstanding Worker increases are intended to provide immediate recognition to those employees whose skills, knowledge, or conduct exemplify the City's values of reliability, responsiveness, professionalism, teamwork, and problem solving.

Employee Name: _____ Date of Hire: _____
Department: _____ Division: _____
Position: _____ Time in current position: _____
Source of Funding: _____
Date of last WOW: _____ ☐Individual Award ☐Group Award
Amount of Award: _____
*For group awards, please attach a list of employees, dates of hire, and positions.

JUSTIFICATION
Specify, **with examples**, why the employee(s) are deserving of a WOW award.
*Attach additional documentation if necessary.

☐**Please See Attached**

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APPROVALS

Immediate supervisor_____ Date_____
Next level supervisor_____ Date_____
Department Head _____ Date_____

FOR REVIEW COMMITTEE USE ONLY

Please review, route to next person, then return to HR.

HR Director Approved: ☐Yes ☐No _____ _____
Signature Date

Deputy City Manager Approved: ☐Yes ☐No _____ _____
Signature Date