

MOAPPRECIATION

STATE TEAM MEMBER RECOGNITION PROGRAM

Team Member Recognition Preference Form

Recognition is personal, and how one person would like to be recognized for their contributions and achievements may be different from another. By filling out and returning this form to your supervisor, you can help them better understand your recognition preferences. The form should be reviewed and updated as necessary.

Name (please print): _____ Date: _____

I prefer to be recognized:

_____ Privately (one-on-one) _____ Publicly _____ No preference

I am comfortable with the following public recognition: (check all that apply)

- | | |
|------------------------------------|----------------------------|
| _____ In front of my work group | _____ Department website |
| _____ At a district/division event | _____ Internal newsletters |
| _____ At a department-wide event | _____ External newspapers |
| _____ Bulletin boards | _____ Social media |
| _____ None | |

My favorites:

- | | |
|---------------------------------|-----------------------------|
| Color: _____ | Place to shop: _____ |
| Beverage (non-alcoholic): _____ | Snack item: _____ |
| Candy: _____ | Cookie: _____ |
| Ice Cream: _____ | Pizza: _____ |
| Hobby: _____ | Magazine/Book/Author: _____ |
| Movie/type of movie: _____ | Music/singing artist: _____ |
| Local restaurant: _____ | Podcast: _____ |
| Sports team: _____ | I collect: _____ |

Do you like to have your birthday acknowledged?: (Yes/No) _____

Other/Comments: _____

