Employee Appreciation Questionnaire

INSTRUCTIONS This form is used to assist supervisors and managers with their employee recognition efforts and does not imply that recognition must be given or received. Please complete and return the form to your supervisor or manager.

Employee Name **Title**

Work Anniversary Date **Birthday (month/date)**

1. **What are some work accomplishments and/or contributions you would appreciate being recognized for by your manager or supervisor?**
   - ☐ Customer service
   - ☐ Innovative ideas or processes
   - ☐ Other, please describe
   - ☐ Taking on extra responsibilities or special projects
   - ☐ Collaboration or support of a team effort

2. **What would you find meaningful in being recognized for the work accomplishments and/or contributions listed above?**
   - ☐ Verbal Acknowledgment
   - ☐ Award/Gift
   - ☐ Personal note or card
   - ☐ Other, please describe

3. **In what type of setting are you most comfortable with in receiving recognition?**
   - ☐ Private
   - ☐ Unit/small group
   - ☐ Other, please describe:
   - ☐ Public
   - ☐ No preference

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.)

   a) Favorite drink _____
   b) Favorite snack/dessert _____
   c) Favorite food _____
   d) Favorite restaurant _____
   e) Favorite hobby _____
   f) Favorite retail store _____
   g) Favorite flower _____
   h) Favorite sports team _____
   i) Favorite color _____
   j) Other _____

5. **Please provide any additional information you would like us to know.**

Employee Signature: _____ **Date:** _____

For Supervisor Use Only - Keeping Track of Employee Recognition

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