



Recognizing those that exhibit Totally Outstanding Performance in the care they give.

I WOULD LIKE TO RECOGNIZE:

STAFF MEMBER'S NAME

DEPARTMENT

LOCATION

FOR DEMONSTRATING EXCEPTIONAL PERFORMANCE IN THE FOLLOWING WAY(S):

*I give permission and authorize Kline Galland to reproduce, publish, circulate or otherwise use my testimonial.
I understand my comment(s) may be edited for clarity and/or brevity.*

PERSON GIVING RECOGNITION - PRINTED

SIGNATURE

PHONE

EMAIL

PLEASE SUBMIT TO THE FRONT DESK OR HUMAN RESOURCES DEPARTMENT

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