



Date: _____

**Presented to
(Associate's Name):** _____

Department: _____

Please check all actions that apply and elaborate why the associate deserves G.E.M. recognition.

- Positive Attitude Quality of Work Respect for Others Collaboration Responsiveness

Comments on performance observed and impact (required):

Observer's Name: _____ **Department:** _____

Please check if the customer is external or internal: Internal Customer External Customer