

REGIONAL SCHOOL UNIT #20

COMPLIMENTS ABOUT EMPLOYEES/SCHOOL

Please complete the following form to make a formal compliment about an RSU #20 employee/school and return the form to the Superintendent's Office. If the compliment is for the Superintendent, please send to the RSU #20 Board Chairperson.

Date \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

COMPLIMENT

Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

Date(s) \_\_\_\_\_ Building \_\_\_\_\_

Description. Please be as specific as possible. Include the dates and times of the incident(s). Please feel free to use the back of the form to provide further information.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

RECEIVED \_\_\_\_\_  
DATE TIME

RECEIVED BY \_\_\_\_\_