



FAVORABLE OCCURRENCE COMMENDATION

Distribute a copy to:

- Employee
- Department
- Dept. of Employee Relations – *Personnel Forms*
DERpersonnelforms@milwaukee.gov

Date: _____

Instructions to Supervisors:

Report outstanding favorable occurrences. Make a complete description of the event, happening or act. The Employee Relations' copy will be retained with the employee's personnel records.

Employee:		Employee ID No:
Department:		
Division:		
Job Title:		
REMARKS:		
Supervisor Signature:		
Title:		