



## BARNSTABLE POLICE DEPARTMENT LETTER OF APPRECIATION / EMPLOYEE RECOGNITION FORM



Name of Employee: \_\_\_\_\_

Rank/Title/Position: \_\_\_\_\_ Case #: \_\_\_\_\_ ID #: \_\_\_\_\_

Division/Unit/Position: \_\_\_\_\_ Cruiser #: \_\_\_\_\_

Date & Location of Incident: \_\_\_\_\_

**Statement of Circumstances**

Provide a brief statement describing how this individual's work is outstanding and how they are distinguished from their peers. Be specific about actions performed that make the employee worthy of recognition. If necessary, continue on a separate sheet. Attach any supporting documentation to this form.

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\_\_\_\_\_

Submitting Person(s):

Name	Email	Phone #	Address
Name	Email	Phone #	Address

Date of Submission: \_\_\_\_\_

***To be completed by the Awards Board***

Recommendation: Approved as Submitted  
 Recommendation: Amended to Different Award      Award Recommended: \_\_\_\_\_  
 Recommendation: Award Not Justified at this Time

Date of Award Board Decision: \_\_\_\_\_ Signature of Board Chair: \_\_\_\_\_

Approved by Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_