

L-101 (1.18)

L-101 (1.18)

Actaren Lapeer

STRIVE FOR THE STARS

## Thank You!

was recognized for □ Praise from a patient **□** Positive survey comment □ Other

You've gone above and beyond. I am proud to have you on the **McLaren Team** 

Thank You!

was recognized for

You've gone above and beyond.

I am proud to have you on the

**McLaren Team.** 

□ Praise from a patient

□ Other

**Issued by** 

**□** Positive survey comment

**Issued by** 



L-101 (1.18)

L-101 (1.18)

# Thank You!

was recognized for ☐ Praise from a patient **□** Positive survey comment □ Other

You've gone above and beyond. I am proud to have you on the **McLaren Team.** 

Thank You!

was recognized for

**Issued by** 

### Tear off this portion and place in box near cafeteria for the monthly drawing.

To	
Department	

Issued by

(Manager's signature required)

Tear off this portion and place in box near cafeteria for the monthly drawing.

# □ Praise from a patient **□** Positive survey comment □ Other STRIVE FOR THE STARS

You've gone above and beyond. I am proud to have you on the **McLaren Team.** 

**Issued by** 

# Department Issued by (Manager's signature required)



Tear off this portion and place in box near cafeteria for the monthly drawing.

Tear off this portion and place in

box near cafeteria for the monthly

Tear off this portion and place in

box near cafeteria for the monthly

drawing.

Department

Issued by

Date

(Manager's signature required)

Department

Issued by

(Manager's signature required)

Date

Thank You!



L-101 (1.18)

was recognized for ☐ Praise from a patient **□** Positive survey comment □ Other

You've gone above and beyond. I am proud to have you on the McLaren Team.

Thank You!

was recognized for

You've gone above and beyond.

I am proud to have you on the

**Issued by** 

Tear off this portion and place in box near cafeteria for the monthly drawing.

Department

Issued by

(Manager's signature required)

### Tear off this portion and place in box near cafeteria for the monthly

drawing. Department

Issued by

(Manager's signature required)

Date

### Tear off this portion and place in box near cafeteria for the monthly Thank You! drawing.

Date

was recognized for □ Praise from a patient **□** Positive survey comment □ Other

You've gone above and beyond. I am proud to have you on the **McLaren Team** 

Department Issued by (Manager's signature required)

L-101 (1.18)

**McLaren Team Issued by** 

□ Praise from a patient

□ Other

**□** Positive survey comment

**Issued by** L-101 (1.18)