High Five Form

Name: _____ Department: _____

Description of recognized behavior: _____

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Recognized by: _____ Date: _____

- Forward the original to the recipient.
- Forward the yellow copy to the recipient's manager.
- To be considered for monthly High Five prize drawing, place the pink copy of this form in the drop box located in the cafeteria hallway.

Thank you for helping others succeed!

McLaren Excellence
Every Patient Every Team Member Every Time

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PORT HURON

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