

# KUDO PAW

Name of Employee

Department

Date

Core Competency  
Demonstrated

Specific workplace  
example

Your Name:

Date:

Once completed, please "save" then send to:  
AUDR-EmployeeCommittee@franklincountyohio.gov, the recipient, and the  
recipients supervisor. Also attach any pertinent documents from constituents or  
others with positive feedback.

