



*Recognizing those that exhibit Totally Outstanding Performance in the care they give.*

**I WOULD LIKE TO RECOGNIZE:**

---

STAFF MEMBER'S NAME

DEPARTMENT

LOCATION

**FOR DEMONSTRATING EXCEPTIONAL PERFORMANCE IN THE FOLLOWING WAY(S):**

*I give permission and authorize Kline Galland to reproduce, publish, circulate or otherwise use my testimonial.  
I understand my comment(s) may be edited for clarity and/or brevity.*

---

PERSON GIVING RECOGNITION

---

PHONE

EMAIL

**PLEASE SUBMIT TO THE FRONT DESK OR HUMAN RESOURCES DEPARTMENT**

**TO MAIL:** Kline Galland, Attn. Shelly Ryan, 7500 Seward Park Ave S., Seattle 98118

**FAX:** (206) 456-9885 **EMAIL:** shellyr@klinegalland.org