

Commissioner's Award of Excellence

Nomination Form

Please submit completed nomination forms to the City-County Human Resource Department by the first day of the month for the following month's award.

Nominee _____ Job Classification Title _____

Department _____ Division _____

When did this accomplishment occur? _____

Nomination Criteria: (*circle one*) Safety, Productivity, Loss Prevention, Customer Relations or Valor. **Describe specifically** the nominee's accomplishments that best describe why this employee should receive the Commissioner's Award of Excellence. *The following questions are a guide in helping to complete your description.*

How does this accomplishment specifically impact the County with regards to money savings? (*Describe dollar amount, hours, compensation, etc.*) Was this accomplishment self-initiated? Was this accomplishment outside of this person's job description? If yes, please describe. If no, be very specific as to how they did a superior job within the job description of their position. (*Attach additional sheets if needed*)

Please print the following information about *yourself*.

Name _____ Date _____

Department _____ Work/Day Telephone _____

Validated by:

Your Signature

Human Resources Department