

The Adjutant General's Department Employee Award and Recognition Program Nomination Form

Date:

Nomination ID Number:

| <i>Nominee Information</i> | |
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| Name: | Job Title: |
| Agency: | Division/Unit: |
| Work Address: | City, State, Zip Code: |
| Work Phone: | Name of Supervisor: |
| <i>Nominator Information</i> | |
| Name: | Relationship to Nominee: |
| Work Address: | City, State, Zip Code: |
| Work Phone: | Signature: |
| <i>Award Categories: Please mark the category for nomination.</i> | |
| <input type="checkbox"/> Distinguished Accomplishment | <input type="checkbox"/> Meritorious Service |
| <input type="checkbox"/> Innovation | <input type="checkbox"/> Excellence in Leadership, Motivation, & Support of Staff |

Please provide an explanation as to why this nominee should be selected for the award category marked above. Also indicate if additional supporting documentation is attached.

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Program Coordinator Section

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|---------------------------|--|
| Date Nomination Received: | Date Forwarded to Selection Committee: |
|---------------------------|--|

Supporting Documentation Attached: Please list below.

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| Program Coordinator Name: | Program Coordinator Signature & Date: |
|---------------------------|---------------------------------------|

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| Award given: | Yes | No | If yes, please list award: |
|---------------------|------------|-----------|-----------------------------------|