SHOUT OUT!

PSC REWARD & RECOGNITION PROGRAM

NOMINATION FORM

Any individual may nominate any Public Service Commission employee or group of employees to receive recognition in one of the seven categories listed below by submitting a completed nomination form to the Human Resource Manager by the quarterly deadline. The Committee will review all nominations and will select a recipient within each category to be honored. The nominator does not have to be a PSC employee but must be someone who has worked closely with the nominee, has an in-depth knowledge of the nominee's contributions in the area for which they are being nominated, and who is willing to be contacted by the Committee for verification.

Please check the box next to the award for which you are submitting this nomination and describe on Page 2 why this person should receive the award. Include specific examples of how this individual meets the criteria for the award. Be sure to sign the nomination form prior to submission.

☐ Caught In the Act	☐ You Made a Difference
☐ Behind the Scenes	* Class Act
☐ Thinking Outside the Box	* Career Service
☐ I.N.S.P.I.R.E.	☐ Team Player
☐ Extra Mile	* Employee Referral

*** No nomination required**

PART ONE: NOMINATOR

I have sufficient knowledge of my nominee and their performance to verify that s/he meets all the criteria outlined in the award category indicated above.

NOMINEE: _____ **#** _____
(Print Name) (Staff Use Only)

Submitted By: _____ **DATE**: _____
(Person making nomination)

Signature: _____ **QUARTER**_____

Print Name: _____ **Telephone #:** _____
(Non-PSC Nominators)

I hereby submit this nomination to the Shout Out! Reward & Recognition Committee for the above named employee to receive recognition as indicated. I understand that only legible, complete nominations, endorsed by the Department Manager/Supervisor will be forwarded for review, evaluation, and selection of award recipients.

Please state the nominee's or teams qualifications for this award including as much specific information as possible concerning demonstrated actions which resulted in improved performance or enhanced operations or increased consumer/client satisfaction or evidence of extraordinary innovation or impact on the agency or a special onetime contribution of measurable significance to the agency's mission or strategic plan.

FOR CONFIDENTIALITY, PLEASE SEAL NOMINATION IN AN ENVELOPE AND SUBMIT TO THE HR OFFICE.

PART TWO: For Manager/Supervisor Use Only

[ ] Manager/Supervisor Endorsement: _____ Date: _____

[ ] Nomination **Not** Endorsed. If not endorsed, return to HR Manager with comments.

Comments: _____
_____
_____
_____

PART THREE: For Committee Use Only

Date Received by HR: _____ [ ] Eligible, refer [ ] Ineligible, explain

Explanation: _____
_____
_____
_____

Date Referred to Committee _____

APPROVAL:

[ ] NO, explain below

Explanation: _____
_____
_____
_____

[ ] YES, recommend award

[ ] Non-Monetary award: _____

[ ] Monetary Award: Amount: $ _____

Chief Clerk Signature_____ Date: _____