City of Waco

Employee Recognition Program

NOMINATION FORM

★★★***NOTE:*** *Only a hardcopy nomination form will be accepted.*

PART I: *Information to be Completed by Person Making Nomination*

Employee Nominated for Award: _____

Department/Division of Nominee: _____

Award Category *(Please Check One)*: ☐ **Customer Service** Award ☐ **Teamwork** Award ☐ **Community Service** Award **[OR]** ☐ **Lifetime Achievement** Award

Description of Achievement *(Please provide as much detail as possible; you may attach additional sheets of paper if necessary)*:

Approximate Date(s) the Achievement Described Above Occurred: _____

Signature of Person Making Nomination:

_____ _____

(Please PRINT Name Here) *(Please SIGN Name Here)*

Approximate Date(s) the Achievement Described Above Occurred: _____ Date of Nomination: _____

PART II: *Information to be Completed by Department Director*

Certification of Nomination: I hereby certify that the facts surrounding the nomination are true and accurate:

_____ _____

Department Director's Signature *Date of Certification*

Revised 08/21/08