

City Employee Awards & Recognition Nomination Form

I WOULD LIKE TO NOMINATE	Name	Employee ID# (if known)
	Department & Division	

MY CONTACT INFORMATION	<input type="checkbox"/> Citizen <input type="checkbox"/> City Employee ID# _____ <input type="checkbox"/> Organization	Name	
	Organization/Job Title	Phone Number	Email
	Signature:		Date

Select an item below that best represents nominee's actions that go above and beyond the normal standards of performance.

Business and citizen friendly
 Transforming City Government
 Building Community

NOMINATION DETAILS	Explain or provide detailed examples why this individual should be recognized.
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Mail form to Human Resources, PO Box 1575, Colorado Springs, CO 80903 or
 Email to employeeawardscommittee@springsgov.com or Fax to 719-385-6767 or give to committee representative.

APPROVAL	Supervisor's signature	Date	
	Director's signature	Date	Eligible for time off award <input type="checkbox"/> Yes <input type="checkbox"/> No Is this within normal scope of duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Director or Supervisor may provide additional information for consideration		

For Committee Use Only:	Date	Award #:	Received:	Date Approved:
Award I <input type="checkbox"/> Award II <input type="checkbox"/> Mayor's <input type="checkbox"/> Prize Selection			Entered by	