



Governor's Award for Employee Excellence

Employee Recognition Award Nomination Form

The Governor's Award for Employee Excellence recognizes State of Ohio employees for exemplary job performance or service that reflects initiative, leadership, and/or increased efficiency.

SECTION ONE: NOMINATION You may nominate either an individual employee or a group of employees. Those nominated must be full-time permanent, non-probationary, bargaining unit or exempt state employees. You may not nominate yourself. If nominating a group, you must identify a group representative and provide this individual's contact information and identifying information for all other group members below.

PLEASE COMPLETE ALL SECTIONS (Pages 1 – 4) OF THIS FORM

Please check here if your agency has fewer than 100 full-time permanent employees:

Please indicate 'individual' or 'group' achievement:

INDIVIDUAL ACHIEVEMENT

– OR –

GROUP ACHIEVEMENT

AGENCY NAME:

AGENCY MAILING ADDRESS:

INDIVIDUAL NAME OR GROUP REPRESENTATIVE:

EMPLOYEE ID #:

JOB TITLE:

WORK EMAIL:

WORK PHONE:

DATE(S) OF ACCOMPLISHMENT(S) WITHIN THE PAST YEAR:

In addition to the group representative listed above, provide other group members' information below. If more space is needed, attach information to the last page.

EMPLOYEE NAME:	EMPLOYEE ID #:	JOB TITLE:	AGENCY:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

SECTION TWO: AGENCY AWARDS COORDINATOR OR DESIGNEE SUBMITTING THE NOMINATION

AWARDS COORDINATOR'S OR DESIGNEE'S NAME:

EMPLOYEE ID #:

JOB TITLE:

WORK PHONE:

AGENCY NAME:

WORK EMAIL:

AGENCY MAILING ADDRESS:

RELATIONSHIP TO NOMINEE:

SECTION THREE: DETAILED DESCRIPTION OF THE SERVICE, ACHIEVEMENT OR ACCOMPLISHMENT

Each nomination must include a clear description of the service, achievement or accomplishment and must be based on one or more of the following criteria:

- Must have an agency-wide impact, multi-agency or statewide impact.
- Must have a significant impact on the general public or the life, safety or property of another (others).
- Must have significantly enhanced the image, prestige or effectiveness of the state.
- Must have involved the development of state policy or improved methods or procedures that resulted in significant increased productivity, cost-savings or revenue enhancements, efficiency, or service to the state.

SUPPORTING DOCUMENTATION: Attach any supporting documentation that assists in demonstrating the significance of the job-related service, achievement or accomplishment within the past year, and that provides the Selection Committee with sufficient information to make a decision.

NOTE: Include clear, measurable, and verifiable data in your description to support the job-related service, achievement or accomplishment that occurred during the past year. Describe why this nomination is exceptional, beyond the nominee's assigned duties, and worthy of recognition.

IMPACT STATEMENT: How does this job-related service, achievement or accomplishment differ from the regular job duties of the employee(s)? *(May be used for talking points and/or photo captions.)*

SECTION FOUR: NOMINATION HIGHLIGHTS: Summarize in three short statements the key points of the job-related service, achievement or accomplishment on which the nomination is based. All responses to the following statements must be limited to the space provided below. *(May be used for talking points and/or photo captions.)*

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-
-

Add additional statements that describe the job-related service, achievement or accomplishment and support the nomination:

Large empty rectangular box for providing additional statements.

SECTION FIVE: EMPLOYEE PERFORMANCE AND DISCIPLINE CHECK (To be completed by agency HR office only.)

Employee Name: Individual or Group Representative	Has the nominated employee received a satisfactory or higher overall rating on the most recent Performance Review?	Date of most recent Performance Review? MM/DD/YY	Has the nominated employee received any disciplinary action(s)? If so, indicate circumstances of action and associated timeframes(s) for each individual below. <i>(Attach comments)</i>
	Yes No		Yes No Comments attached:
Group Members			
1.	Yes No		Yes No Comments attached:
2.	Yes No		Yes No Comments attached:
3.	Yes No		Yes No Comments attached:
4.	Yes No		Yes No Comments attached:
5.	Yes No		Yes No Comments attached:
6.	Yes No		Yes No Comments attached:
7.	Yes No		Yes No Comments attached:
8.	Yes No		Yes No Comments attached:
9.	Yes No		Yes No Comments attached:
10.	Yes No		Yes No Comments attached:
11.	Yes No		Yes No Comments attached:
12.	Yes No		Yes No Comments attached:
13.	Yes No		Yes No Comments attached:
14.	Yes No		Yes No Comments attached:

SECTION SIX: SIGNATURES AND SUBMISSION: Agency Human Resources Offices must ensure that all information on the form is complete before forwarding the nomination to the Selection Committee.

AGENCY NAME

*AGENCY (CENTRAL OFFICE) HUMAN RESOURCES DIRECTOR'S SIGNATURE

PRINTED NAME

DATE

*AGENCY HEAD OR OFFICIAL DESIGNEE SIGNATURE (include title if designee)

PRINTED NAME

DATE

*By my signature inscribed above, I attest that this nomination meets the criteria guidelines and I support this employee's or group of employees' nomination for consideration of the Governor's Award.