



# 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:

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

<b>Employee Name:</b> Individual or Group Representative	Has the nominated employee received a satisfactory or higher overall rating on the most recent Performance Review? <input type="checkbox"/> Yes    No <input type="checkbox"/>	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> <input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
<b>Group Members</b>			
1.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
2.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
3.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
4.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
5.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
6.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
7.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
8.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
9.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
10.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
11.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
12.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
13.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>
14.	<input type="checkbox"/> Yes    No <input type="checkbox"/>		<input type="checkbox"/> Yes    No <input type="checkbox"/> Comments attached: <input type="checkbox"/>

**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.