

Employee Recognition Program

OFFICIAL NOMINATION FORM (PLEASE TYPE)

AWARD CATEGORY:

(Choose the Appropriate Award Category)

NOMINEE: (If more than one person (team) is being nominated, attach a separate sheet with the names, district, titles, addresses, and phone numbers of each person.)

Name:

District/Location:

Title:

Phone:

ext. _____

NOMINATED BY:

Name:

District:

Title:

Phone:

ext. _____

(Signature)

(Title)

(Date)

Attach this form to your prepared narrative description of the candidate. **ELECTRONIC SUBMISSIONS ARE ENCOURAGED.** Please make sure your narrative describes the noteworthy accomplishments of this individual. Original materials may be emailed (judy.beutler@nebraska.gov), faxed (402-471-2197), or mailed to the address below.

Employee Recognition Program
Attn: Human Resources
Room 1213 State Capitol
Lincoln, NE 68509