

GEM AWARD NOMINATION FORM

Nominee's Name:		Job Title:
Department Nam	ne:	
Date of Submiss	ion:	
Nominator's Name:		Job Title:
Department Nam	ne:	
Date	Signature of Nominator	
Criteria for Non	nination: (check all the boxes t	hat apply)
	☐ Star Award: Service, Teamwork, Attitude, and Reliability.	☐ Customer Service Award: Provides outstanding customer service.
	☐ Rising Star Award: New Team Members with a year or less of service that have shown growth through the agency.	
	☐ Team Player Award: Collaborates and assists team members in any way needed.	
	ation: Describe the employee's accomple position. Include as much specific info	ishments/contributions, that were above and beyond the normal rmation as possible:
	HUMAN R	ESOURCES
Date	Signature of Departme	nt Head/Division Head
Date	Signature of Human Re	esources Director
Date	Signature of Executive	Director







