**MANUEL CARBALLO GOVERNOR'S AWARD**

**FOR EXCELLENCE IN PUBLIC SERVICE**

**Section I**

Name of Nominee:

Title:

Agency:

Work Address:

Date of Entry into State Service:       Gender: Male  Female

Ethnicity (check one): African-American Asian-American Caucasian Hispanic Native American Other

Job Category (check one): Managerial Professional Administrative Clerical Labor/Trades Public Safety  Technical Educational HHS Direct Care

**IF THE NOMINEE IS A GROUP, PLEASE ATTACH A SEPARATE SHEET TO LIST GROUP MEMBER****NAMES WITH ALL REQUIRED INFORMATION FOR EACH****(INCLUDING ETHNICITY, GENDER AND JOB CATEGORY).**

**RESUMES ARE NOT REQUIRED FOR EACH GROUP MEMBER – ONLY THE GROUP LEADER(S).**

**Section II (to be completed by Agency PRP Coordinator)**

I certify that this nomination has been reviewed by the appropriate agency personnel and that this nomination has been chosen as our agency’s final submission for the Manuel Carballo Governor’s Award for Excellence in Public Service.

**Agency PRP Coordinator Signature**:

**Agency Head Signature**:        **Date**:

**Section III**

To complete the nomination narrative, please respond to all areas in detail  (Nominator should refer to the nomination instructions for more information). Please use as many sheets of paper as necessary to complete the narrative.

1. Please explain in detail the nominee’s exceptional accomplishments.

1. Please explain how the nominee has demonstrated exemplary leadership, initiative or dedication.

1. Please explain how the nominee has demonstrated creativity and innovation.

1. Please explain how the nominee has achieved significant improvements in productivity and/or savings in agency operations.