**GOVERNOR PAUL CELLUCCI AWARD FOR LEADERSHIP**

**AND MENTORING IN STATE GOVERNMENT**

**Section I (to be completed by nominator)**

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

**Section II (to be completed by nominator)**

Name of Nominator:

Title:

Agency:

Work Address:

Work Phone Number:

Relationship to Nominee:

**Section III (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 Governor Paul Cellucci Award for Leadership and Mentoring in State Government.

Agency PRP Coordinator Signature:

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

**Section IV (to be completed by nominator)**

Please explain in detail the nominee’s accomplishments in the area of leadership and mentoring in the workplace. Please attach additional pages if needed.  (Nominator should refer to the “Award Criteria” for guidance on what areas to touch upon throughout this narrative.)