# Performance Recognition Program

## Citation for Outstanding Performance

## Nomination Form

#### NOMINEE INFORMATION

Individual or Group Name (if more than 2 employees, a group name must be used):

Title (s):

Agency:

#### DESCRIPTION OF ACCOMPLISHMENTS

1. What recent accomplishment(s) has this nominee achieved?

1. How has the nominee’s accomplishment(s) impacted their co-workers, clients, work environment, agency goals, etc?

1. Are there any other specific reasons for nominating this employee?

### NOMINATOR INFORMATION

Name of Nominator:

Agency:

Relationship of Nominator to Nominee (s):

I hereby certify that I am not related to the nominee(s) and do not work for the nominee(s).

      

Signature of Nominator Date

**Please complete and return to the nominee’s Agency Coordinator by May 18, 2018.**

**TO BE COMPLETED BY AGENCY COORDINATOR ONLY:**

* Nominee (check one) \_\_ was \_\_ was not selected for a citation award.
* Check appropriate box(s): \_ individual award \_\_ group award  Carballo nominee
* Nominee entered state service as of

\_\_\_\_       \_\_

Signature of Agency PRP Coordinator Date

**THIS FORM SHOULD BE KEPT ON FILE AT THE AGENCY. DO NOT SUBMIT TO HRD.**

**AGENCIES ENTER CITATION WINNER NAMES INTO THE *PRP INFORMATION SYSTEM* BY JUNE 8, 2018.**