**EUGENE H. ROONEY, JR. PUBLIC SERVICE AWARD**

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

Agency:

Name of Individual or Group:

Title:

Work Address:

Nominee is employee by (check one): [ ]  State Agency [ ]  City/Town [ ]  County

Date of Entry into State Service:       Gender: [ ] Male [ ]  Female

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

**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 Appointing Authority)**

I certify that this nomination has been reviewed by the appropriate department personnel  and that this nomination has been chosen as our department’s final submission for the Eugene H. Rooney Jr. Public Service Award.

**Agency PRP Coordinator Signature**:

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

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

To complete the nomination narrative, please respond to all areas in detail and be as specific as possible (Nominator should refer to the “Award Criteria” for guidance).  Please use as many sheets of paper as necessary to complete the narrative.

1. Please explain and describe in detail the nominee's exceptional accomplishments in the area of human resource development and training.  Please specify the dates during which the activities occurred

2. Please explain how the nominee has demonstrated excellence in leadership, innovation and creativity.

3. What problem in the organization has the nominee's program addressed?

4. How does the program improve service delivery to program participants in the state agency, municipality or county governments?

5. Please explain how the nominee's actions resulted in an increase in productivity and cost-effectiveness.

**Section V (to be completed by the nominee’s supervisor)**

 COMMENTS:

 *My signature below certifies that information included in this nomination accurately reflects the accomplishments of the nominee.*

 Signature (Nominee’s Supervisor) Date