

Correctional Employee of the Year Awards Ceremony NOMINATION FORM

Sheriff/Superintendent:

Telephone #:

Department:

Address:

NOMINEE/S:

First, MI, Last Name and Town in which Nominee/s currently resides

INCIDENT

Date:

Time:

AWARD LEVEL SUGGESTED (see criteria)

Please select one of the following:

Medal of Honor

Meritorious Recognition

Medal of Valor

Group Award

DESCRIPTION

Please include the following elements into your narrative:

Conditions of circumstances, extent of personal risk, victim risk, assistance, and outcome.

DESCRIPTION (Continued)