

**NOMINATION FORM**  
**Lucchino Distinguished Service Award & Exemplary Employee Award**

**GENERAL INSTRUCTIONS:**

1. Type all information. Please complete all sections.
2. Provide a written explanation of why the nomination is being made. Nominations may be enhanced by testimonials, letters of appreciation or commendation from associates and/or citizens with first-hand knowledge of the employee's actions, or proof of enhanced productivity as reflected in cost savings, revenue generated or increased efficiency.
3. The person submitting the nomination must sign all pages of the form and any attached documentation. Unsigned nominations will not be accepted.
4. Nominations may be filled out online, printed, signed, and submitted to County Manager's Office, 119 Courthouse. Any applicable documentation must be attached.
5. Nominations may be submitted at any time and **will be accepted on an ongoing basis.**

**INDIVIDUAL NOMINEE:**

NAME: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

**GROUP NOMINEE:**

NAME/TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
NAME/TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
NAME/TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
NAME/TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
NAME/TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_  
(if applicable) WORK PHONE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if applicable) SIGNATURE: \_\_\_\_\_

**AWARD CATEGORY – Check the appropriate category. Select one category only:**

\_\_\_\_\_ Exceptional Productivity and Efficiency      \_\_\_\_\_ Innovation and Creativity  
\_\_\_\_\_ Exceptional Customer Service

**Office Use Only:**

Reference Number \_\_\_\_\_

**Manager's Office Use Only**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Supporting Documentation Attached:  Yes  No

Reference Number: \_\_\_\_\_

**REASON FOR SUBMISSION: (Required)**

**Briefly describe the reason for nominating the employee or employee group.**

**Attach supporting documentation. This form may be duplicated if additional space is required.**

**Nominator's Signature:** \_\_\_\_\_

This form and any supporting documentation will not be returned to you. Any false statement, lobbying effort and/or violation of the above instructions will disqualify the nomination. The award panel reserves the right to interpret this process as it deems appropriate. Your signature on this form releases the County and any/all of its employees and representatives from any liability in all aspects of this process; furthermore, your signature authorizes the award committee to investigate and verify any information contained in this nomination. Your employee number will be used only to verify your employment. All information will be kept confidential.