



## CITATION FOR OUTSTANDING PERFORMANCE NOMINATION FORM

NOMINEE INFORMATION:		
Individual or Group Name		
*If more than 2 employees, a gro	оир	
name must be used.*		
Title(s):		
Agency:		
DESCRIPTION OF ACCOMPLISE	HMENTS:	
1. What recent accomplish	ment(s) has this nominee achieved?	
2. How has the nominee's	accomplishment(s) impacted their co-workers, clients,	work environment, agency goals, etc?
3. 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
Once complete, click the SUBMIT FORM button to the right by Friday, August 14, 2020.		
DO NOT COMPLETE THIS SECT	TION - TO BE COMPLETED BY AGENCY COORDINAT	TOR ONLY:
	was was not selected for a Citation Award. es): Individual Award Group Award service as of	Carballo nominee
Signature of Agency PRP Coordina	ator Date	