



## CITATION FOR OUTSTANDING PERFORMANCE NOMINATION FORM

NOMINEE INFORMATION:	
Individual or Group Name	
*If more than 2 employees, a gr	oup
name must be used.*	
Title(s):	
Agency:	
DESCRIPTION OF ACCOMPLISE	HMENTS:
1. What recent accomplish	nment(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 spe	cific reasons for nominating this employee?
NOMINATOR INFORMATION	
Name of Nominator:	
Agency:	
Relationship of Nominator to Nominee(s):	
I hereby certify that I am not rela	ted to the nominee(s) and do not work for the nominee(s).
Signature of Nominator	Date
Once complete, click the SUBMI	T FORM button to the right by Tuesday, July 16, 2019.
TO BE COMPLETED BY AGENC	Y COORDINATOR ONLY:
	was was not selected for a Citation Award. es): Individual Award Group AwardCarballo nominee service as of
Signature of Agency PRP Coordina	ator 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 August 9, 2019.