

Director's Award for Employee Excellence

Employee Recognition Award Nomination Form



The Director's Award for Employee Excellence recognizes Ohio Department of Agriculture employees for exemplary performance or service that reflects initiative, leadership, and/or increased efficiency.

*****Please note that nomination forms are due February 25 or August 25 to be eligible*****

Section 1: Nomination

You may nominate either an individual employee or a group of employees. Those nominated must be full-time permanent, non-probationary, bargaining unit or exempt state employees. You may NOT nominate yourself. If nominating a group, you must identify a group representative and provide this individual's contact information and identifying information for all other group members below.

Please complete all sections of this form!

Individual or Group Nomination:	<input type="checkbox"/> Individual <input type="checkbox"/> Group
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Division Name:	
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Individual Name or Group Representative:	
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Job Title:	
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Employee ID #:	
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Work Email and Telephone Number:	
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In addition to the group representative listed above, provide other group members' information below. If more space is needed, attach information to the last page.

Employee Name and ID #:	Job Title:
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Section 2: Division Chief/Director or Employee Submitting the Nomination

Division Chief/Director or Submitting Employee Name:	Employee ID #:
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Job Title:	Work Phone and Email:
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Division Name:

Relationship to Nominee:

Section 3: Detailed Description of the Service, Achievement, or Accomplishment

Each nomination must include a clear description of the service, achievement, or accomplishment and must be based on one or more of the following criteria:

- The service, achievement, or accomplishment involved the development of division/agency/state policy or improved methods or procedures that resulted in significant increased productivity, cost-savings or revenue enhancements, efficiency, or service to the state or agency;
- The service, achievement, or accomplishment must have division-wide or agency-wide impact, multi-agency, or statewide impact; or
- The service, achievement, or accomplishment must have significantly enhanced the image, prestige, or effectiveness of the division, agency, or state.

Supporting Documentation: Attach any supporting documentation that assists in demonstrating the significance of the job-related service, achievement, or accomplishment within the past year, and that provides the Nominating Committee with sufficient information to make a decision.

Note: Include clear, measurable, and verifiable data in your description to support the job-related service, achievement, or accomplishment that occurred during the past year if available. Describe why this nomination is exceptional, beyond the nominee's duties, and/or worthy of recognition.

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Impact Statement: How does this job-related service, achievement, or accomplishment differ from the regular job duties of the employee(s)? *(May be used for talking points and/or photo captions)*

Section 4: Nomination Highlights

Summarize in 3 short statements the key points of the job-related service, achievement, or accomplishment on which the nomination is based. All responses to the following statements must be limited to the space provided below. *(May be used for talking points and/or photo captions)*

Add additional statements that describe the job-related service, achievement, or accomplishment and supports the nomination:

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Section 5: Employee Performance and Discipline Check (to be completed by Human Resources Division only)

Employee Name:	Has the nominated employee received a satisfactory or higher overall rating on the most recent Performance Review?	Date of most recent Performance Review? (MM/DD/YY)	Has the nominated employee received any disciplinary action(s)? If so, indicate circumstances of action and associated timeframe(s) for each individual below. (Attach comments if needed)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments attached
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments attached

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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments attached
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Section 6: Signatures and Submission:

The Human Resources Division must ensure that all information on the form is complete before forwarding the nomination to the Nomination Committee.

Division Name

Division Chief/Director's Signature	Printed Name	Date
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Subordinate Employee other than Chief Nominating Signature (as applicable)	Printed Name	Date
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Human Resources Director's Signature	Printed Name	Date
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By my signature above, I attest and affirm that this nomination meets the criteria guidelines and I support this employee's or group of employees' nomination for consideration of the Director's Award and the Governor's Award.