

# Nomination Form DDSN Employee of the Year

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1. DDSN Facility: \_\_\_\_\_
2. Year of Recognition: \_\_\_\_\_
3. Employee of the Year Nominee: \_\_\_\_\_
4. Job Title & Division: \_\_\_\_\_
5. Last Three Performance Ratings:                    \_\_\_\_\_ 20\_\_                    20\_\_                    20\_\_
6. Attendance Record: (Last three (3) Years):                    \_\_\_\_\_ 20\_\_                    20\_\_                    20\_\_
7. Disciplinary Actions Issued in the Nomination Year?                     Yes  No  
Any disciplinary actions currently being considered?                     Yes  No
8. Is this Nominee in a Probationary Employment Status?                     Yes  No

### Contributions and Accomplishments that make this Our Nominee

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Please attach copies of any awards, certificates of accomplishment, news clippings, civic commendations, public notices, or any other information that may be supportive of the person's nomination.

Facility Administrator's Name: \_\_\_\_\_

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

Telephone (include area code): \_\_\_\_\_ Email: \_\_\_\_\_