

# Public Service Award of Excellence Team Nomination Form

## Step 1 - Please complete for each team member.

### Team Information

Team Name \_\_\_\_\_

### Team Contact

Please identify one team member as the team contact.

Name of Team Member \_\_\_\_\_

Job Title \_\_\_\_\_

Department/Organization \_\_\_\_\_

Division \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work Email Address \_\_\_\_\_

Nominee Signature \_\_\_\_\_

Date \_\_\_\_\_

Email from nominee will be accepted as signature.

I consent to stand for nomination and to participate in the Public Service Award of Excellence. My name and photo may be used in any internal and external communication that will showcase the recipients and/or nominees of the award.

### Supervisor

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Department/Organization \_\_\_\_\_

Division \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work Email Address \_\_\_\_\_