

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 _____