Outstanding Worker Award Nomination Form

Employee Name: _____

Position Held: _____

District / Address: _____

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INSTITUTIONAL/PLACEMENT:

Secure (i.e. RYDC, YDC, Mental Health Hospital)

- ☐ Outstanding Worker (any job title)
- ☐ Outstanding Supervisor (anyone in supervisory capacity)

Non-Secure (i.e. Residential Community Placement/Program)

- ☐ Outstanding Worker (any job title)
- ☐ Outstanding Supervisor (anyone in supervisor capacity)

Gail Hilley Memorial Award for Outstanding Administrative Support *(i.e. Commissioner, Deputy Commissioner, RA, DD, ADD, Division Chief, RHA, RC, RSA, Directors, Judges, Superintends, Principals, Training, State Office, Business Office, Clerical)*

- ☐ Outstanding Worker (any job title)
- ☐ Outstanding Supervisor (anyone in supervisor capacity)

Community Based *(i.e. Probation Officer, Counselor, Case Manager, Teacher, other Field-based staff)*

- ☐ Outstanding Worker (any job title)
- ☐ Outstanding Supervisor (anyone in supervisory capacity)

Reason for Nomination: (Be Specific) _____

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All nominations must be faxed no later than July 15, 2011 to Bill Spears, (770) 830-2396