

**MILITARY DEPARTMENT STATE EMPLOYEES  
INCENTIVE AWARDS PROGRAM  
Nomination Form**

Type of Award (Description on back): \_\_\_\_\_ (Date) \_\_\_\_\_

Innovative Idea Award: \_\_\_\_\_

Incentive Performance Award (Choose one below): \_\_\_\_\_

\*The Adjutant General's Award of Excellence \_\_\_\_\_ \*Notable Employee \_\_\_\_\_  
\*Team Spirit \_\_\_\_\_ (Individual \_\_\_\_\_ Group \_\_\_\_\_) \*Courtesy Counts \_\_\_\_\_

Administrative Appreciation Award: \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE AND LOCATION \_\_\_\_\_

AWARD RECOMMENDED BY \_\_\_\_\_

TITLE AND LOCATION \_\_\_\_\_

IMMEDIATE SUPERVISOR'S SIGNATURE \_\_\_\_\_

1. The committee must receive all nominations no later than March 15, July 15, or November 15.  
2. Describe in detail the innovative idea or describe in detail why an employee should receive an incentive performance award. (Narrative should be written as it would appear on official award certificate.) (Attach 8 1/2 x 11 size paper to this form for needed detail.)

Acknowledgment of Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

**For Committee Use only:**

Committee Approval: \_\_\_\_\_  
(Chairman's signature) (Date)

Type of Award recommended \_\_\_\_\_

TAG's Approval: \_\_\_\_\_

(For Innovative Idea Award only)

Recommend submission to the Governor's Award Panel: Yes \_\_\_\_\_ No \_\_\_\_\_

In accordance with the Committee's recommendation, nomination should be submitted to the Governor's Award Panel for Innovative Idea Award.

TAG's Approval \_\_\_\_\_