

EMPLOYEE NOMINATION FOR INCENTIVE AWARDS

For use of this form, see Thunderbolt Policy Memo 36-2

NAME OF EMPLOYEE BEING NOMINATED FOR THIS AWARD

NOMINEE'S WORK UNIT/ORGANIZATION

NOMINEE'S WORK RELATIONSHIP TO YOU: (Coworker in immediate work area, etc.)

TYPE OF AWARD RECOMMENDED

AMOUNT OF AWARD (if cash or time-off award)

WHAT DID THE NOMINEE DO TO DESERVE THIS AWARD?

WHY DO YOU THINK THIS ACT/PERFORMANCE DESERVES RECOGNITION? (Why is it over and above what would normally be expected?)

WHEN DID THIS OCCUR

YOUR NAME

YOUR WORK UNIT/ORGANIZATION

(Signature)

(Date)

INSTRUCTIONS: After completion, turn this form in to the nominee's immediate supervisor.