

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 _____