**Appendix B**

**OFFICE OF THE HEAD OF CIVIL SERVICE**

**EMPLOYEE AWARD NOMINATION FORM**

**NOMINEE’S INFORMATION**

Name: ------------------------------------------------------------------------------------------------------------

Grade: ------------------------------------------------------------------------------------------------------------

Department/Directorate/Unit: --------------------------------------------------------------------------------

Length of Employment with the Civil Service-------------------------------------------------------------

No. of years with the OHCS/Department-------------------------------------------------------------------

Contact: ----------------------------------------------------------------------------------------------------------

Signature: --------------------------------------------------------------------------------------------------------

Date: **--------------------------------------------------------------------------------------------------------------**

**NOMINATOR’S INFORMATION**

Name: ------------------------------------------------------------------------------------------------------------

Grade: ------------------------------------------------------------------------------------------------------------

Department/Directorate/Unit: --------------------------------------------------------------------------------

Contact: ----------------------------------------------------------------------------------------------------------

Signature: --------------------------------------------------------------------------------------------------------

Date: **--------------------------------------------------------------------------------------------------------------**

**SUPERVISOR’S INFORMATION**

Name: ------------------------------------------------------------------------------------------------------------

Grade: ------------------------------------------------------------------------------------------------------------

Department/Directorate/Unit: --------------------------------------------------------------------------------

Contact: ----------------------------------------------------------------------------------------------------------

Signature: --------------------------------------------------------------------------------------------------

Date: **---------------------------------------------------------------------------------------------------------**

**REASON FOR NOMINATION**

(See the attached guidelines. If additional space is needed, please attach information to form)

Why does this employee deserve to be nominated as the **Best worker** in your Directorate this Quarter?

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Describe how the nominee demonstrates excellence in the area of **Job Performance**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Commitmen**t, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Punctuality**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Leadership/Initiative**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Creativity**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Teamwork**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Positive Attitude**, give specific examples;

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Describe how the nominee demonstrates excellence in the area of **Integrity**, give specific examples;

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List outstanding accomplishments, (If any include awards, letters of appreciation, etc.)

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**(NB: Please endorse the form with Official stamp)**