

RECOMMENDATION FOR SECRETARIAL AWARD

Instructions for Completing Form (Type All Requested Data)

1. This form must accompany each nomination.
2. Submit eight copies of this form.
3. Please complete all blocks on this form.

Items 1. - 5. Complete all data.

Item 6. Identify in 25 words or less, the proposed citation for the award device.

Items 7. Signature of approving officials.

Items 8. Enter a brief description of the nominee's work history which should include special honors and awards. This should be in chronological order.

Item 9. Provide a nomination summary in space provided.

1. NAME OF EMPLOYEE/TEAM											
2. POSITION											
3. ADMINISTRATION											
4. LOCATION (City and State)											
Type of Award Recommendation											
<p>5. SECRETARY'S AWARD FOR:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Partnering for Excellence</td> <td style="width: 33%;"><input type="checkbox"/> EEO/Affirmative Action</td> <td style="width: 33%;"><input type="checkbox"/> Valor</td> </tr> <tr> <td><input type="checkbox"/> Meritorious Achievement (<i>Silver Medal</i>)</td> <td><input type="checkbox"/> Volunteer Service</td> <td><input type="checkbox"/> Quality</td> </tr> <tr> <td><input type="checkbox"/> Excellence</td> <td><input type="checkbox"/> Team Award</td> <td></td> </tr> </table>			<input type="checkbox"/> Partnering for Excellence	<input type="checkbox"/> EEO/Affirmative Action	<input type="checkbox"/> Valor	<input type="checkbox"/> Meritorious Achievement (<i>Silver Medal</i>)	<input type="checkbox"/> Volunteer Service	<input type="checkbox"/> Quality	<input type="checkbox"/> Excellence	<input type="checkbox"/> Team Award	
<input type="checkbox"/> Partnering for Excellence	<input type="checkbox"/> EEO/Affirmative Action	<input type="checkbox"/> Valor									
<input type="checkbox"/> Meritorious Achievement (<i>Silver Medal</i>)	<input type="checkbox"/> Volunteer Service	<input type="checkbox"/> Quality									
<input type="checkbox"/> Excellence	<input type="checkbox"/> Team Award										
6. PROPOSED CITATION: (<i>Brief one or two lines</i>)											
7. APPROVED (<i>Name and Title</i>)	SIGNATURE	DATE									

Final Action by Awards Review Board: _____

8. EMPLOYMENT HISTORY (Include Special Honors and Awards for the last 10 years.)

9. NOMINATION SUMMARY