



# State of New Jersey

Civil Service Commission  
Office of the Chair/CEO  
P.O. Box 317  
Trenton, New Jersey 08625-0317

## EMPLOYEE RECOGNITION PROGRAM – STATEWIDE NOMINATION FORM

### NOMINEE:

<b>Name</b>	<b>Work Address</b>
<b>Division &amp; Work Unit</b>	<b>Work Telephone</b>
<b>Nomination Category</b>	
<input type="checkbox"/> Innovation and Efficiency <input type="checkbox"/> Governor’s Team of Excellence Award <input type="checkbox"/> Leadership/Professional Achievement <input type="checkbox"/> Community Service Award <input type="checkbox"/> NJ Award of Heroism	

### NOMINATOR:

<b>Name</b>	<b>Job Title</b>
<b>Work Address</b>	<b>Work Telephone</b>
<b>Nominator’s Signature</b>	<b>Division Director Signature</b>

Please describe below why the employee(s) you have nominated should be selected for a State Employee Recognition Award. Use additional sheets if necessary. Be specific. Your justification should clearly indicate why the nominee(s) is exceptional and are worthy of recognition.