

NOMINATION FOR OUTSTANDING SERVICE

1. Name of Nominee				
2. Title/Grade of Nominee				
3. Organization				
4. Calendar Quarter (Highlight)	1st (Jan-Mar)	2nd (Apr-Jun)	3rd (Jul-Sep)	4th (Oct-Dec)

5. Record of Nomination and Approvals:

		SIGNATURE/TITLE	DATE
NOMINATING OFFICIALS		PRESIDENT, AFGE, LOCAL 1786 (Complete only if nomination is made by AFGE)	
		FIRST LINE SUPERVISOR	
CONCUR?			
YES	NO		
		BRANCH HEAD	
		DIVISION/ACTIVITY DIRECTOR	
APPROVED?			
		AWARDS COMMITTEE OR CHIEF OF STAFF, MCB	

6. TO BE COMPLETED BY NOMINATING OFFICIAL

a. Attach a justification that fully describes the performance or service during the year that forms the basis for the award. Include specific examples of performance or service that is exceptional when measured against position requirements. Explain how the performance or service exceeded those of others with comparable responsibilities.

b. List below all awards received by the nominee based on performance or service during the quarter upon which this nomination is based.

c. Date of nominee's last promotion: _____

d. Has the nominee been compensated through paid overtime or compensatory time for the performance or service that forms the basis for this nomination?

[] Yes [] No

