

State of West Virginia Department of Administration **EMPLOYEE OF THE MONTH**

NOMINATION FORM

NOMINEE INFORMATION (Please type or print clearly)							
Nominee:	Last	First	Middle Initial	Title:			
Division/Section:					Date Hired:	Selection Committee	e Use Only
Brief Description of Job Duties:						9: YRS. Selection Committe	MOS. e Use Only
Reason for Nomination:							
You may attacl	n additional pages	s if necessary. Ha	ve you attached ac	dditional pag	es?	Yes	No
NOMINATION SUBMITTED BY							
Name:	Last	First	Middle Initial	Т	itle:		
Division/Section:			Telepl	none:		Ext.	
Signature:				Date:			
Relationship t	o Nominee:	Supervisor	Co-Worker	Custo	omer Other		
Relationship t	o Nominee:	Supervisor	Co-Worker	Custo	omer Other		

Submit your nomination to: Employee of the Month

Office of the Secretary Department of Administration Building 1, Room E119 1900 Kanawha Boulevard, East Charleston, West Virginia

Form Received in Office of the Secretary:

Revised: 05/02/2003