

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

Nominee's Job Title

Division/Section:

Date Hired: \_\_\_\_\_  
Selection Committee Use Only

Total Service: \_\_\_\_\_ YRS \_\_\_\_\_ MOS  
Selection Committee Use Only

Brief Description of Job Duties:

Reason for Nomination: *How does this person go "above and beyond" what is required with in their job position to justify them receiving this award?*

You may attach additional pages, if necessary. Have you attached additional pages? \_\_\_\_ yes \_\_\_\_ no

**NOMINATION SUBMITTED BY:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last                      First                      Middle Initial

Division/Section: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Nominee:  Supervisor  Co-Worker  Customer  Other \_\_\_\_\_

Submit Your Nomination to: Employee of the Month  
Office of the Secretary  
Department of Administration  
Building 1, Room E119  
1900 Kanawha Blvd, East  
Charleston, West Virginia

Form Received in the Office of the Secretary:

Date: \_\_\_\_\_

By: \_\_\_\_\_