

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
D.C. Department of Human Resources**

**ONE CITY MAYORAL AWARDS PROGRAM**

**NOMINATION FORM**

**Section 1 – Instructions**

**INSTRUCTIONS:** Based on the selection criteria, a written justification on the nominee limited to two (2) pages must be submitted with the nomination form. All forms and supporting document must be submitted to the agency’s Awards Coordinator.

**AWARD:** Employee of the Year

**PURPOSE:** To recognize the most outstanding District government employee.

**ELIGIBILITY:** All applicable District government employees

**Section 2 – Employee Information [\*Required Fields]**

_____ Name of Nominee*	_____ Agency/Department*
_____ Position Title*	_____ Supervisor
_____ Grade	_____ Telephone Number

**Section 3 – Selection Criteria**

The nominee must have at least one (1) year of continuous service and demonstrated at least four (4) of the following:

- Willingness to devote extra time and effort to set and maintain exceptionally high standards for performance;
- Ability to resolve difficult situations with tact and resourcefulness;
- Initiative to anticipate problems and negotiate effective, thoughtful, and innovative solutions; and
- Motivation to pursue excellence by consistently meeting challenges and exceeding accepted performance standards.

**Section 4 – To Be Completed by Nominator and Agency Director**

_____ Nominator’s Name	_____ Agency Awards Coordinator’s Name
_____ Agency/Department	_____ Agency/Department
_____ Telephone Number	_____ Telephone Number
_____ Signature	_____ Signature
_____ Date	_____ Date