

**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. A separate nomination form and written justification must be separated for each nominee. All forms and supporting document must be submitted to the agency’s Awards Coordinator.

**AWARD:** Customer Care Employee of the Year

**PURPOSE:** To recognize an employee in a customer service position who exemplifies the ideal of a courteous, competent, and compassionate civil servant.

**ELIGIBILITY:** All applicable District government employees whose primary function and responsibilities are customer service related (i.e., customer service representative/specialist; information receptionist)

**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 has demonstrated at least three (3) of the following:

- Provides outstanding service at a consistently high level in working with and communicating with customers;
- Advocates for improvements that enhance customer satisfaction;
- Eliminates barriers for customers; and
- Ability to handle difficult situations tactfully and effectively.

**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