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 Awards Coordinator

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