

**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: Manager of the Year

PURPOSE: To recognize a manager who is the most effective in performing his or her position.

ELIGIBILITY: All Management Supervisory Service and 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 three (3) of the following:

- Inspires employees to exceed service expectations and needs of the organization;
- Ability to gain employees’ commitment to management objects;
- Encourage and assist employees in the development and utilization of their skills; and
- Willingness to consistently devote time and effort to ensure that assigned duties are carried out promptly and responsibly.

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