|  **Nominee**

| **Name** | **Title** | **Supervisor** |
| --- | --- | --- |
| **Department** | **Division** | **Physical Location** |

 **\*If applicable, please use the nominee’s preferred name and working title as it will be printed on the certificate.** |
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| **Nominator**

| **Name** | **Title** | **Phone Number** |
| --- | --- | --- |
| **Department** | **Division** |

 As the nominator, are you willing to be recognized? [ ]  Yes [ ]  No **Complete “Reason for Nomination” below** **Division Approval**

|  |  |
| --- | --- |
| **Division Director’s or Designee’s Signature** | **Date**  |
|  |  |
| Comments  |

 **Department Approval**

|  |  |
| --- | --- |
| **Department Commissioner’s Signature** | **Date**  |
|  |  |
| Comments  |

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| **Exceptional Performance Award Information** |
| **Eligibility –** Individual employees.**Criteria -** Attainment of high priority division, department or state objectives, or achievements of significant improvements in productivity or cost savings, or activities that are highly original or creative, involving effective, innovative or novel approaches to delivering services.To view scoring criteria and nomination examples, go to <http://denaliawards.alaska.gov>. |
|  |
| **Reason for Nomination** Be specific. Address the criteria on the Denali Awards web page and the time period. Please limit nominations to approximately 500 words. Attachments such as articles, brochures, photos, etc. are not scored as part of the nomination. |
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Deliver completed nomination forms to the nominee’s department representative.

For a list of department representatives, go to <http://denaliawards.alaska.gov>.