|

|  |
| --- |
| **Team Name (if applicable)** |
|       |

 |
|  **List single nominee or all team members below**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name** | **Title** | **Supervisor** |
| **Department** | **Division** | **Physical Location** |
| **2** | **Name** | **Title** | **Supervisor** |
| **Department** | **Division** | **Physical Location** |
| **3** | **Name** | **Title** | **Supervisor** |
| **Department** | **Division** | **Physical Location** |
| **4** | **Name** | **Title** | **Supervisor** |
| **Department** | **Division** | **Physical Location** |
|  | Have you received approval for additional team members from your department representative? [ ]  Yes [ ]  No [ ]  N/A | **If yes, please add additional team members on page 2. If no, please obtain approval.**  |  |
|  |  |  |

***\*If applicable, please use the nominee’s preferred name and working title as it will be printed on the certificate*.*****\*Check with your department representative if there are additional members. Teams with more than 20 members will receive a single printed certificate.*** |
|  **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  |

|  |
| --- |
| **Innovation in Cost-Saving Individual or Team Award Information** |
| **Eligibility –** An individual or team of two or more employees.**Criteria –** Awarded to an individual or team of individuals whose innovative ideas or actions lead to greater efficiency and a cost-saving to the State of Alaska while maintaining or increasing quality of product or delivery of service.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.  |
|        |
|  |
| **Approved additional team members list here (include member name, title, department/division, physical location, supervisor)** |
|  |

 |

Deliver completed nomination forms to the nominee’s department representative.

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