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| Name of Governor’s Award Nominee | Title or Position |
|  |  |
| Department | Division |
|  |  |

**Nomination submitted by:** (nominations may be submitted by any State of Montana employee.)

|  |  |
| --- | --- |
| Your Name  | Title or Position |
|  |  |
| Department | Division |
|  |  |
| Work Address | City | State | Zip |
|  |  |  |  |
| Work Phone | Work Email |
|  |  |

**Reason for Nomination:**

Please explain why this individual deserves recognition. Please describe the nominee’s outstanding accomplishment as it relates to this ***Individual Award Nomination Criteria***:

**To nominate an individual, the individual must perform above and beyond the regular expectations of the person’s job and meet one or more of the following criteria:**

* **Demonstrate exceptional innovative approaches which produce significant results;**
* **Attain significant improvements with efficiencies in government processes (e.g., significantly improved productivity or significant cost savings); and/or**
* **Demonstrated exceptional customer service that is significantly beyond the scope of the employee’s performance.**

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| --- |
| Enter the outstanding accomplishment of the Governor’s Award nominee below: (100 words or less) |
|  |

**Submission Instructions:** Please submit this completed nomination form **to the nominee’s Human Resources department**. To find the nominee’s HR department contact information, follow this link: <https://hr.mt.gov/Programs/govawards/>. **Nomination forms must be received by Friday, July 19, 2024, to be considered for the Governor’s Award.**