

**NJDMAVA Award Program  
Nomination Form**

<b>1. TO: Awards Representative Human Resources Office</b>		<b>2. FROM:</b>		
<b>3. Nomination for (check one):</b> <input type="checkbox"/> Employee of the Year <input type="checkbox"/> Employee of the Trimester Award <input type="checkbox"/> Team Award		<b>4. Employee(s) Nominated:</b> Name(s)  Title(s)  Work Location		
<b>5. Short Narratives in each of the following areas citing Acts/Actions which exceeded the requirements of their job. (Each area must be completed)</b>			<b>8. Award Committee Use Only</b>	
<b>a. Work Habits</b>     			1	
			2	
			3	
			4	
			5	
<b>b. Work Quality/Quantity</b>     			1	
			2	
			3	
			4	
			5	
<b>c. Accomplishments</b>     			1	
			2	
			3	
			4	
			5	
<b>6. Signature of Nominator</b> _____			<b>Total Score</b> _____	
Title _____			<b>Initial</b> _____	
Date _____				
<b>7. HUMAN RESOURCES OFFICE USE ONLY</b>				
<b>a. Employment</b>  _____ (Years in DMAVA)	<b>b. Discipline</b>  _____ (If none print "NONE")	<b>c. Eligibility Verified by:</b> Signature: _____ Title: _____ Date: _____		