

# Oklahoma Department of Corrections EMPLOYEE AWARD NOMINATION FORM

\*\*\*PLEASE USE A SEPARATE FORM FOR EACH NOMINATION\*\*\*

Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Facility/Unit: \_\_\_\_\_

**AWARD FOR WHICH EMPLOYEE IS BEING NOMINATED (Select only one):**

- |  |  |
|--|--|
| <input type="checkbox"/> Correctional Officer of the Year                    | <input type="checkbox"/> Medal of Valor              |
| <input type="checkbox"/> Correctional Officer Supervisor of the Year         | <input type="checkbox"/> Employee of the Year        |
| <input type="checkbox"/> Probation and Parole Officer of the Year            | <input type="checkbox"/> MH Professional of the Year |
| <input type="checkbox"/> Probation and Parole Officer Supervisor of the Year | <input type="checkbox"/> Teacher of the Year         |
| <input type="checkbox"/> Volunteer Organization of the Year                  | <input type="checkbox"/> Volunteer of the Year       |
| <input type="checkbox"/> Agent of the Year                                   | <input type="checkbox"/> Nurse of the Year           |
| <input type="checkbox"/> Agent Supervisor of the Year                        | <input type="checkbox"/> Rookie of the Year          |
| <input type="checkbox"/> Team Excellence Award                               | <input type="checkbox"/> Life Saving Award           |
| <input type="checkbox"/> Innovation Award                                    | <input type="checkbox"/> We Change Lives! Award      |
| <input type="checkbox"/> Silver Star Award                                   |  |

Describe the reason(s) why you believe this employee(s) should be selected to receive the award.

**Correctional Officer of the Year/Correctional Officer Supervisor of the Year/Probation and Parole Officer of the Year/Probation and Parole Officer Supervisor of the Year/Agent of the Year/Agent Supervisor of the Year/Team Excellence Award/Teacher of the Year/Nurse of the Year/Volunteer Organization of the Year/Volunteer of the Year/Employee of the Year/Rookie of the Year/Silver Star Award/We Change Lives! Award, Mental Health Professional of the Year:**

List the nominee's agency career summary and work attributes. What overall contribution has the nominee made to the unit or the agency? Has the nominee been responsible for any special innovations or creative efforts? What professional contributions does this nominee bring to the job? Additional information may be attached on a separate sheet.

**For Life Saving Award, Medal of Valor, Innovation Award nominations:** Provide a detailed summary of the event/idea/innovation; attach any related reports, memoranda and/or news articles documenting this event (not required).

\_\_\_\_\_  
(Printed Name of Nominator)      (Signature)      (Facility/Unit)      (Date)

I have confirmed that the nominee meets the award and eligibility criteria specified in OP-110221 for the award indicated above.

\_\_\_\_\_  
(Facility/Unit Head Signature/Date)      (Division Head Signature/Date)