

Department of Buildings and General Services

Nomination Form - Employee or Team Recognition Award

(To be completed by person requesting nomination)

| Name of Nominee or Te | eam: | | | | |
|---------------------------------------------|--------------|----------------------------|-------------|----------------------------|--|
| Team Members: | | | | | |
| Division: | | | Other: | | |
| Considerations that led to this nomination: | | | | | |
| | | | | | |
| Nominator: | | | | | |
| | Instructions | for Nominator: Click on th | e submit bu | tton below and press send. | |
| BGS Director (please complete) | | | | | |
| BGS Director name: | | | | Today's Date: | |
| Recognition Approval: | ○ Accept | Decline | | | |
| Comments: | | | | | |
| Reward Type: | | | | | |

Instructions for Manager: Click on submit button below and press send.