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):

___ CORRECTIONAL OFFICER OF THE YEAR ___ MEDAL OF VALOR
___ CORRECTIONAL OFFICER SUPERVISOR OF THE YEAR ___ EMPLOYEE OF THE YEAR
___ PROBATION AND PAROLE OFFICER OF THE YEAR ___ AWARD OF MERIT
___ PROBATION AND PAROLE OFC. SUPV. OF THE YEAR ___ TEACHER OF THE YEAR
___ TEAM EXCELLENCE AWARD ___ NURSE OF THE YEAR
___ VOLUNTEER ORGANIZATION OF THE YEAR ___ VOLUNTEER OF THE YEAR
___ LIFE SAVING 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/Team Excellence Award/Teacher of the Year/Nurse of the Year/Volunteer Organization of the Year/Volunteer 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 or Award of Merit nominations: Provide a detailed summary of the event; 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)   (Appropriate Director Signature/Date)

(R 9/20)