|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRINCE GEORGE’S COUNTY GOVERNMENT**  **EMPLOYEE INCENTIVE AWARDS PROGRAM**  **NOMINATION AWARD FORM** | | | | | |
| **NAME OF AGENCY:** |  | | | | |
| **NAME OF EMPLOYEE RECEIVING AGENCY AWARD:** | | |  | | |
| **EMPLOYEE CLASS TITLE:** | |  | | **DISTRICT/DIVISION:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. TYPE OF AWARD RECOMMENDED** | | | | | | | | | | | | | | | | |
|  | **Dedicated Attendance Award** (No sick leave use during any consecutive 12-month period - see Section II, Conversion) | | | | | | | | | | | | | | | |
|  | **Honorary Award** (Award of Merit, Chief's Award, Injury Citation, Memorial Medal, Outstanding Citizenship Award, Non-department Award Ribbon, Military Award, Twenty-year Service Ribbon, or Unit Citation) | | | | | | | | | | | | | | | |
|  | **Creativity Award** (Chief's Award - only when given to reward cost-cutting suggestion) | | | | | | | | | | | | | | | |
|  | **Exemplary Performance Award** (Outstanding Performance Award) | | | | | | | | | | | | | **MO/YR - MO/YR:** | |  |
| (2 consecutive "outstanding" PPAs for 3 days, or 1 "outstanding" PPA for 2 days, or 1 "exceeds satisfactory" PPA for 1 day) | | | | | | | | | | | | | | | |
|  | **Special Achievement Award** (All Valor Medal's, Chief's Special Achievement Award or **Good Conduct Award**, District/Division Award) | | | | | | | | | | | | | | | |
|  | **Employee of the Month** | | | | | **Month:** | |  | | | | | | | | |
|  | **Employee of the Year** | | | | | **Year:** | |  | | | | | | | | |
|  | **County Executive Employee Awards** (Only the Chief of Police may nominate for these awards) | | | | | | | | | | | | | | | |
| **II. TYPE OF RECOGNITION RECOMMENDED** | | | | | | | | | | | | | | | | |
|  | **Letter of Commendation** | | | | | | | | | | | | | | | |
|  | **Certificate** | | | | | | | | | | | | | | | |
|  | **Conversion of:** | |  | **Days of Sick Leave to** | | | | | | |  | **Days of Annual Leave** | | | | |
|  | **Grant of:** |  | | | **Days of Annual Leave** | | | | | | | | | | | |
|  | **Non-Base Salary Bonus of:** | | | | | |  | | **Day(s) Pay:** (Indicate Amount) | | | | | |  | |
|  | **Other Non-Base Salary Bonus of:** (Indicate Amount) | | | | | | | | | |  | | | | | |
|  | **Other Recognition** (Specify) | | | | | |  | | | | | | | | | |
| **III. CONCISE STATEMENT OF JUSTIFICATION FOR AWARD** | | | | | | | | | | | | | | | | |
| **Outstanding Performance Award:** | | | | | | | | | | | | | | | | |
|  | Employee has received an overall rating of “Outstanding” on the past two consecutive annual PPAs.  Required documentation attached. (Three days = 24 hours/annual) | | | | | | | | | | | | | | | |
|  | Employee has received an overall rating of "Outstanding" on the annual PPA.  Required documentation attached. (Two days = 16 hours/annual) | | | | | | | | | | | | | | | |
|  | Employee has received an overall rating of "Exceeds Satisfactory" on the annual PPA.  (Required documentation attached. (One day = 8 hours/annual) | | | | | | | | | | | | | | | |
| **Good Conduct Award:** | | | | | | | | | | | | | | | | |
|  | Employee has received an overall rating of “Exceeds Satisfactory” or higher on the past two PPAs and has not received any sustained disciplinary actions within the past 24 months. (Required documents attached.(2 days =16 hrs. a/l) | | | | | | | | | | | | | | | |
|  | Approval obtained (Director, IAD; Recipient's Commander) | | | | | | | | | | | | Date: | |  | |
| **Other:** | | | | | | | | | | | | | | | | |
|  | Attach justification and required documents for other awards to this form. | | | | | | | | | | | | | | | |
| **IV. AUTHORIZATION** | | | | | | | | | | | | | | | | |
| **Signature of Employee Recommending Award/ID#/Date** | | | | | | | | | | **Director, Personnel Services/ID#/Date** | | | | | | |

***\*\*\*\*\*Supervisor Certification: By signing this award form I certify that have reviewed the employee’s performance appraisal for the previous performance review period and that the award recipient has met ALL criteria required in the justification above, to include confirmation email from Commander, IAD regarding the Good Conduct Eligibility.\*\*\*\*\****