ARIZONA DEPARTMENT OF HEALTH SERVICES
Nomination Form

EMPLOYEE RECOGNITION MISSION STATEMENT
TO CELEBRATE AND SUPPORT EMPLOYEES THROUGH RECOGNITION

Check One:  □ Employee  □ Leader  □ Team

Nominee:
Date Submitted:
Submitted By
(Optional):
Office Phone:

The purpose of this award is to recognize an employee for outstanding Performance/Leadership/Team Progress and their contributions to the Arizona Department of Health Services and its customers. The attributes demonstrated by the candidate(s) include: "Customer focused (internal/external), has a positive "Can Do" attitude, is an effective "Team Player", and has exceptional "Ingenuity & Initiative." The results demonstrate excellence in customer service.

In the space below, in your own words, why you are nominating this Employee/Leader/Team for this Award. Don't worry about how well you write, giving specific examples and stating the facts is all that is needed. If additional documentation is available, i.e. news articles, letters of commendation, etc., copies may be attached to this form.

If you need assistance or have questions, contact Michelle Borquez at (602) 542-6384. Fax this completed form to (602) 542-1289. Thank you for taking the time to nominate an ADHS employee.
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