



TEAM EXCELLENCE AWARD Nomination Form



Nominated Group or Team: _____

Department: _____

G#'s: _____

Nominated by: _____

Supervisor's Signature: _____

Department Head's Signature: _____

Attach a narrative and three support letters detailing how the nominated individuals fulfill the following criteria. *Each criteria MUST be addressed in the nomination narrative:*

- deliver exceptional customer-oriented services
- efforts have resulted in cost and/or time savings
- have maintained high safety standards
- have combined the talents of separate units encouraged teamwork in the workplace

Send completed form and attachments to:
Reward & Recognition Coordinator
Human Resources, MSN 3C3