SOARING EAGLE AWARD NOMINATION FORM

NAME OF PERSON NOMINATED: _____

POSITION OF NOMINEE: _____

DATE EMPLOYED: _____

BACKGROUND INFORMATION OF ACT/MILESTONE ACCOMPLISHED:

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WAS THIS OUTSIDE THE PERIMETERS OF THE NOMINEE'S JOB RESPONSIBLITIES? DID IT ENSURE THAT THE AGENCY WAS ABLE TO BENEFIT MONETARILY (and if so, how)? DID IT EXPEDITE OR ACCELERATE PROJECT OR ACTIVITY (and if so, how)?

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NAME OF PERSON SUBMITTING NOMINATION:

_____

DATE SUBMITTED: _____

COMMITTEE'S DECISION:

_____**YES, MET CRITERIA**

_____**NO, DID NOT MEET CRITERIA AND REASON(S)**

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_____

COMMITTEE MEMBERS' SIGNATURES:

_____
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_____

DATE: _____