**OFFICE PERSONNEL OUTSTANDING SERVICE AWARD**

 **OFFICE PERSONNEL SECTION**

 **NOMINATION FORM**

Purpose of the Award: The Office Personnel Outstanding Service Award was first given in 1989. This award is presented to a member of the Office Personnel Section who has demonstrated exceptional merit to enhance Public Health's Administrative services, promote the office personnel section and serve the community.

Nominee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GA Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_GA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination Criteria:

1. Member of GPHA

2. Member of office personnel

3. Employed in office or administrative services

4. Activities demonstrate improved outcomes/activities for office personnel section

5. Services have enhanced public health administrative services

6. Involvement in communities/organizations

Criteria for Selection:

1. INNOVATION: How did the nominee do something that was new or unique?

2. IMPACT: What did the nominee do to improve the quality of Public Health services?

3. TIMELINESS: How did the nominee's activities address a current Public Health problem?

4. VISIBILITY: How did the nominee increase the community's awareness of Public Health?

5. INITIATIVE: How did the nominee demonstrate initiative or persistence in his/her activities?

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

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# NOMINATION DEADLINE: JANUARY 10, 2013

Send to: Margaret R. Bean

 District Program Manager

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 Rome, Georgia 30165-9655