

**IDAHO DEPARTMENT OF CORRECTION
Exceptional Service Award Nomination Form**

Nominee's Name (First, MI, Last): _____

Position/Rank: _____

Location: _____

Award Criteria

The Exceptional Service Award (not to be confused with the Service Award) is presented to an employee or a group of employees who through some action or accomplishment has brought distinction or acclaim:

- To themselves;
- Their community;
- Their work location;
- The IDOC; or
- The corrections profession.

Any of the following can contribute to an employee or group of employees being selected for the Exceptional Service Award. Please select the criteria upon which this nomination is based.

- Personal contributions that have had a positive impact on the IDOC.
- Several years of continued career achievements and contributions with the IDOC and/or devotion to duty.
- Involvement in specific assignments of unusual benefit to the IDOC.
- Creditable acts in the line of duty that shows initiative and accomplishment.
- Display of an uncommon commitment to the community, work location, the IDOC, or the corrections profession.

Supporting Information

Describe in more detail why you are nominating the nominee for this award. As necessary, attach additional pages (in Word document format with the nominee's and submitter's name clearly identified).

of additional pages attached _____

Submitter's Name

Signature

Date

Division Chief's Name

Signature

Date

Director's (or board representative's) Name

Signature

Date