

**EMPLOYEE OF THE QUARTER AWARD  
NOMINATION FORM**

I nominate \_\_\_\_\_ in department \_\_\_\_\_  
(please print)

\*\*\*\*\*

**1) How has he or she demonstrated exceptional dedication and initiative?**

**2) What has been the scope of the impact on the organization?**

**3) What has been the scope of the impact on City employees and/or the public?**

*Please be specific. Attach additional sheets if necessary.*

\*\*\*\*\*

**Nominator's**  
**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(Please complete the address section if nominator is not a City employee)

Address \_\_\_\_\_

\_\_\_\_\_

**SUBMITTAL INFORMATION:**

**City Employees:** Turn in completed form to the Human Resources Office

**Non Employees:** Deliver, mail or fax the completed form to the Human Resources Office at:

**City Hall, 4500 Knox Road, College Park, MD 20740**

**Fax: 301-277-4188**

**Email: As an attachment to [humanresources@collegetparkmd.gov](mailto:humanresources@collegetparkmd.gov)**