



C. Headquarters

1. Program directors shall fill out Appendix 1, Nomination Form and submit to their respective Deputy Commissioner/Assistant Commissioner for approval by the 25<sup>th</sup> of the preceding quarter for Employee of the Quarter, and by December 30 for Correctional Employee of the Year.
2. All nominations will be forwarded with recommendations to the Commissioner for review and disposition.

D. Institutions

1. Supervisors shall fill out Appendix 1, Nomination Form and submit to their respective supervisor for approval by the 25<sup>th</sup> of the preceding month for Employee of the Month and by December 30 for Correctional Employee of the Year.
2. Nominations will be signed by the supervisor who will forward their nomination to the managing officer for review and disposition.

E. Awards

1. Employee of the Month or Quarter shall receive a letter of commendation, a certificate (appendix 2) and any other recognition headquarters or the institutions deem appropriate when funds are available.
2. Correctional Employee of the Year will be recognized during Correctional Employees' Week at the annual luncheon held Department-wide.

F. Headquarters and the institutions shall designate a staff person to coordinate the Employee Recognition Program to ensure compliance with this DCD.

VII. Attachment: Appendix 1 – Nomination Form  
Appendix 2 – Certificate

Distribution:

- A
- B

**DIVISION OF CORRECTION**  
**EMPLOYEE RECOGNITION PROGRAM**  
**NOMINATION FORM**

NAME: \_\_\_\_\_  **Month** \_\_\_\_\_  
 **Quarter** \_\_\_\_\_  
 **Year** \_\_\_\_\_

UNIT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

NOMINATOR: \_\_\_\_\_

**Briefly outline the reason(s) why this employee is being nominated. Be sure to include those specific activities, accomplishments or contributions, which led to the nomination.**

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**What personal characteristics does this employee possess which distinguish him/her from co-workers? Be sure to note those that led to this nomination.**

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**Additional statements which support the nomination.**

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