# STATE OF MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES DIVISION OF CORRECTION

DIVISION OF CORRECTION DIRECTIVE	PROGRAM:	PERSONNEL	
	DCD #:	50-10	
	TITLE:	EMPLOYEE RECOGNITION PROGRAM	
	ISSUED:	April 30, 2000	
	AUTHORITY	Joseph Help Shappla	PROGRAM DIRECTOR
	APPROVED:	Delland Suder	COMMISSIONER

I. Applicable to: All Division of Correction Employees

II. Purpose: To establish guidelines to recognize Division of Correction

employees for exemplary job performance.

III. Policy: To recognize DOC employees monthly, quarterly and yearly who,

by their superior accomplishments, outstanding or extraordinary service, or other personal efforts went above and beyond the call of duty, and are examples of the high quality employees of the DOC.

#### IV. Procedures:

- A. Qualifications for Employee of the Month/Quarter Nomination are:
  - 1. Exceptional performance by an employee on a special project or over a sustained period that exceeds the knowledge, skill, ability, or level of commitment required by the position; or
  - 2. Meritorious acts or services in the public interest by an employee in connection with the employee's State employment; or
  - 3. Exceptional or heroic actions in the community which exemplifies the high quality of DOC staff.
- B. Qualifications for Correctional Employee of the Year Nomination
  - 1. "Outstanding" rating in at least three (3) categories of the Performance Planning and Evaluation Program (PEP) for the preceding year, and an overall rating of "Exceeds Standards."
  - 2. No formal disciplinary actions within the previous 12 months.
  - 3. Satisfactory attendance record, particularly in the areas of sick leave usage, accident leave usage and tardiness.

#### 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:

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## **DIVISION OF CORRECTION**

## **EMPLOYEE RECOGNITION PROGRAM**

# **NOMINATION FORM**

	□ <b>Month</b>
NAME:	
	□ Year
UNIT:	SUPERVISOR:
NOMINATOR:	
	hy this employee is being nominated. Be sure to include plishments or contributions, which led to the nomination.
	does this employee possess which distinguish him/her from nose that led to this nomination.
Additional statements which su	upport the nomination.