

City Of Pomona

EMPLOYEE RECOGNITION AWARD

EMPLOYEE NOMINATION FORM

Nominate one (1) employee per form

Date:

Employee's Name:

Department:

Reason for Nomination:

List and or attach specific examples of activities, tasks or events which makes this individual a "Star":

Name of Nominator:

Telephone No:

Signature of Nominator: _____

SUBMIT TO: THE HUMAN RESOURCES DEPARTMENT

If you are mailing this form, please mail to: City of Pomona

505 S. Garey Ave., Pomona, CA 91766

www.ci.pomona.ca.us

Fax #(909) 620-2295

Email: Sandra_piva@ci.pomona.ca.us