

Governor's Committee on Employment and Social Services 2019 Employee of the Year Nomination

PLEASE TYPE OR PRINT INFORMATION

Nomination Date: _____

Please check one:

County: New Castle Kent Sussex
 Program: TANF SNAP

Employee Nominee MUST be an individual who was a TANF or SNAP Recipient when beginning employment that has been employed for 6 months or longer, and has proven to be a model employee.

Employee Nomination Information			
Name:			
DOB:		Job Title:	
MCI #:		Employer:	
Address:		Employer Address:	
Phone #:		Employer Phone #:	
Email:			

NOMINEE ACKNOWLEDGEMENT AND MEDIA RELEASE STATEMENT

I, acknowledge my nomination for the 2019 Governor's Committee on Employment and Social Services of the Year Award.

Please choose one of the following:

- My employer is aware of my nomination
 My employer is not aware of my nomination

Please choose one of the following:

- Yes, I would like for my immediate supervisor to attend the Awards Breakfast
 No, I would not like for my immediate supervisor to attend the Awards Breakfast

Nominee's Supervisor Name: _____ Phone # _____
 Nominee's Supervisor Address: _____ Email _____

I, give the Delaware Department of Health and Social Services (DHSS) permission to use my name and/or likeness through a digital photo in relation to my nomination for and/or receipt of an Award at the Awards of Excellence Breakfast.

By signing this form, I also understand that the Department and/or the news media might use my photo in news reports or through social media such as the DHSS Facebook or Twitter accounts. I expect no compensation or other financial benefit in return.

 Nominee's Printed Name

 Date

 Nominee's Signature

 Date

Nominee Name: _____

Please describe nominee's present job duties and responsibilities:

Please provide an overview summary of why the individual has earned the opportunity to be nominated for the Annual Governor's Committee on Employment and Social Services Employee of the Year Award.

Please provide specific examples that describe the Nominee's initiative, resourcefulness, perseverance, dedication and other qualities that would represent this individual as a good employee role model:

Nominee Name: _____

Please feel free to add any additional information detailing any extraordinary circumstances or obstacles about the employee that you feel is relevant to your nomination for the Annual Governor's Committee on Employment and Social Services.

Nominator Information:

Nominating Vendor: _____
Name: _____ Title: _____
Address: _____
Telephone: _____ Email: _____
Relationship to Nominee: _____
Signature: _____ Date: _____

Please submit nominations no later than Friday, March 1, 2019 to the attention of:

Ms. Christine Cressler, Chief Administrator
Division of Social Services
Herman Holloway Campus - Lewis Building
1901 N. DuPont Hwy
New Castle, DE 19720
Email: Christine.Cressler@state.de.us

PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NECESSARY

If additional information is needed, please contact Christine Cressler 302-255-9668