

Supervisor of the Quarter

Nomination Form

Please complete each of the fields below and explain in detail the reason for the Supervisor nomination.

Supervisor Name:

Supervisor Department:

Why do you feel this supervisor should be nominated for Supervisor of the Quarter?

If applicable, what impact did the supervisor's actions have on the department?

If applicable, what impact did the supervisor's actions have on the overall city?

What makes this supervisor a good candidate for Supervisor of the Year?

Submitted by:

Date:

Director signature:



Date:

COMMITTEE USE ONLY

Years of service

Nomination Quarter

Please return nomination form to Sandra Cuellar-Wilson - Human Resources.