

**Administrative Regulation 95.91 – Employee Rewards and Recognition Program**

**ATTACHMENT 2**



**EMPLOYEE OF THE QUARTER/YEAR NOMINATION FORM**

Quarter/Fiscal Year \_\_\_\_\_ Date \_\_\_\_\_

**Select Employee Nomination Type**

*Employee of the Quarter (EOQ) – Department/Division or Designated Employee Group*

*Employee of the Year (EOY) – Department/Division or Designated Employee Group*

Name of Nominated Employee \_\_\_\_\_ Employee ID # \_\_\_\_\_ (Payroll)

Classification or Job Title (if different) \_\_\_\_\_

Department/Division/Designated Employee Group \_\_\_\_\_

Name of Employee Nominating \_\_\_\_\_

*Please explain why this employee should be nominated for the **Employee of the Quarter** or **Employee of the Year** in the space provided. Please give specific and detailed examples related to exceptional work performance, outstanding customer service, professionalism, cooperativeness, reliability, etc. in order to demonstrate why this employee should be nominated for the selected nomination. (Space limited to approx. 2100 characters – 9 point – Open Sans)*

Employee meets all required criteria and eligibility requirements of award identified in A.R. 95.91. Yes No

This employee is the Selection Committee confirmed recipient for the above selected nomination. Yes No

Appointing Authority Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority Signature \_\_\_\_\_

**All information above must be completed before submitting to [HumanResources@san Diego.gov](mailto:HumanResources@san Diego.gov) for final review**

<i>For HR use only</i> HR Representative Name	Does nominee meet all eligibility criteria per AR 95.91?	Signature	Date
	Yes No		