



State of Alaska Executive Branch

**Governor's Peak Performance Program  
Exceptional Performance Nomination**

<input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Team</b> (List all members of the team. Attach a separate piece of paper if necessary.)					
Name		Name		Name	
Title		Title		Title	
Dept/Div		Dept/Div		Dept/Div	
Location		Location		Location	
Supervisor		Supervisor		Supervisor	
<b>Exceptional Performance Award Criteria</b>					
<b>Intent:</b> To recognize and reward exceptional performance.					
<b>Eligibility:</b> Individual employees and a team of two or more employees					
<b>Criteria:</b> Attainment of high priority division, department or state objectives, or achievements of significant improvements in productivity or cost savings, or activities that are highly original or creative, involving effective, innovative or novel approaches to delivering services.					
<b>Reason for Nomination</b>					
Be specific. Address the criteria listed above as well as the applicable time period. Attach up to one additional page. Please limit nominations to 500 words.					
<b>Nominator</b>					
Name					
Title					
Dept/Div					
Phone Number					
As the nominator, are you willing to be recognized? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Division Approval</b>					
Division Director's Signature:			Date:		
Comments:					
<b>Department Approval</b>					
Commissioner's Signature:			Date:		
Comments:					

Mail or fax completed nomination forms to the nominee's department representative. For a list of Department Representatives, go to <http://dop.state.ak.us/website/index.cfm?fuseaction=directorsOffice.denaliAnnouncement>