



State of Alaska Executive Branch

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

<input type="checkbox"/> Individual <input type="checkbox"/> Team (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	
Exceptional Performance Award Criteria					
Intent: To recognize and reward employees who demonstrate heroism.					
Eligibility: Individual employees and a team of two or more employees					
Criteria: Awarded to an individual or team of individuals who, by courageous, extraordinary and brave efforts demonstrate an act of heroism, of kind likely only to be undertaken to save a life.					
Reason for Nomination					
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.					
Nominator					
Name					
Title					
Dept/Div					
Phone Number					
As the nominator, are you willing to be recognized? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Division Approval					
Division Director's Signature:			Date:		
Comments:					
Department Approval					
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>