



State of Alaska Executive Branch

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

| | |
|---|-------|
| Nominee | |
| Name | |
| Title | |
| Dept/Div | |
| Location | |
| Supervisor | |
| Leadership Award Criteria | |
| <p>Intent: To recognize and reward employees who demonstrate exceptional leadership qualities.</p> <p>Eligibility: Employees up to, but not including, Commissioners, Deputy Commissioners, Assistant Commissioners, Chief of Staff, Deputy Chief of Staff or the Director of the Office of Management and Budget.</p> <p>Criteria: Exhibits exceptional leadership evidenced by a high degree of character and competence in pursuit of department or division missions and measures.</p> | |
| Reason for Nomination | |
| <p>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.</p> | |
| | |
| 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, scan 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>