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| |  | | --- | | **Team Name** | |  | |
| **List all team members below**   |  |  |  |  | | --- | --- | --- | --- | | **1** | **Name** | **Title** | **Supervisor** | | **Department** | **Division** | **Physical Location** | | **2** | **Name** | **Title** | **Supervisor** | | **Department** | **Division** | **Physical Location** | | **3** | **Name** | **Title** | **Supervisor** | | **Department** | **Division** | **Physical Location** | | **4** | **Name** | **Title** | **Supervisor** | | **Department** | **Division** | **Physical Location** | |  | Have you received approval for additional team members from your department representative?  Yes  No  N/A | **If yes, please add additional team members on page 2. If no, please obtain approval.** |  |   ***\*If applicable, please use the nominee’s preferred name and working title as it will be printed on the certificate*.**  ***\*Check with your department representative if there are additional members. Teams with more than 20 members will receive a single printed certificate.*** |
| **Nominator**   | **Name** | **Title** | | **Phone Number** | | --- | --- | --- | --- | | **Department** | | **Division** | |   As the nominator, are you willing to be recognized?  Yes  No  **Complete “Reason for Nomination” below**  **Division Approval**   |  |  | | --- | --- | | **Division Director’s or Designee’s Signature** | **Date** | |  |  | | Comments | |     **Department Approval**   |  |  | | --- | --- | | **Department Commissioner’s Signature** | **Date** | |  |  | | Comments | |      |  | | --- | | **Exceptional Performance Team Award Information** | | **Eligibility –** A team of two or more employees.  **Criteria –** 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.  To view scoring criteria and nomination examples, go to <http://denaliawards.alaska.gov>. | |  | | **Reason for Nomination**  Be specific. Address the criteria on the Denali Awards web page and the time period. Please limit nominations to approximately 500 words. Attachments such as articles, brochures, photos, etc. are not scored as part of the nomination. | |  | |  | | **Approved additional team members list here (include member name, title, department/division, physical location, supervisor)** | |  | |
|  |

Deliver completed nomination forms to the nominee’s department representative.

For a list of department representatives, go to <http://denaliawards.alaska.gov>