



TEAM MEMBER NAME
AGENCY
JOB TITLE
WORK ADDRESS

Please respond to the following questions in complete and specific terms that are related to the nomination and give precise examples which qualify them to be nominated as state team member of the month. All information must be contained on the forms provided. Please **DO NOT** include additional sheets. **ALL NOMINATIONS FOR STATE TEAM MEMBER OF THE MONTH MUST BE SUBMITTED THROUGH THE [DEPARTMENTAL/AGENCY TEAM MEMBER OF THE MONTH COORDINATOR](#).**

*Any state team member may nominate another team member from his/her department for this award. Department directors, deputy department directors, division directors, and deputy division directors (including acting and official) are not eligible for the State Team Member of the Month Award.*

Why are you nominating this individual? Describe their actions and accomplishments.

Describe the amount of initiative and extra effort that went into their actions.

Make any additional comments here.

NOMINATOR NAME	AGENCY
JOB TITLE	PHONE NUMBER

SIGNATURE OF AGENCY DIRECTOR	SIGNATURE OF AGENCY COORDINATOR
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