

Administrator's Outreach, Diversity, and Equal Opportunity Awards Nomination Form

AWARD CATEGORY (please mark "X" in appropriate box) Supervisory/Managerial Non-Supervisory/Non-Managerial

NOMINEE (please mark "X" in appropriate box) Individual Group

Please include the following information for each individual nomination and for each member of a group nomination. A list may be attached for group nominations. Display the exact name to be shown on the award.

NAME OF NOMINEE OR GROUP	TITLE
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AREA/BRANCH/LOCATION

TELEPHONE (include area code)	FAX	E-MAIL
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CITATION (not more than 25 words)

JUSTIFICATION (State the selection criteria for Category I and/or II. Document the facts relevant to the selection.) **DO NOT ATTACH MORE THAN ONE ADDITIONAL SHEET.**

NOMINATOR NAME (printed)	NOMINATOR TITLE
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AREA/BRANCH/LOCATION

SIGNATURE OF NOMINATOR	DATE
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TELEPHONE (include area code)	FAX	E-MAIL
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NAME OF AREA DIRECTOR (if not the nominator) - (printed)	SIGNATURE OF AREA DIRECTOR
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