

Town of Maynard Performance Recognition Program

Citation for Outstanding Performance Nomination Form

NOMINEE INFORMATION

Name of Nominee (s): _____

Title (s): _____

Dept/Unit: _____

DESCRIPTION OF ACCOMPLISHMENTS

1. What recent accomplishment(s) has this nominee achieved?
2. How has the nominee's accomplishment(s) impacted their co-workers, clients, work environment, agency goals, etc?
3. Are there any other specific reasons for nominating this employee?

NOMINATOR INFORMATION:

Name of Nominator: _____

Dept: _____

Relationship of Nominator to Nominee (s): _____

I hereby certify that I am not related to the nominee(s) and do not work for the nominee(s).

Signature of Nominator

Date

Please complete and return to the Town Administrator's Office by April 21, 2025

TO BE COMPLETED BY COORDINATOR ONLY:

- Nominee (check one) _____ was _____ was not selected for a citation award.
- Nominee entered Town service as of ____/____/____

Signature of Town PRP Coordinator

Date