

DIVISION OF JUVENILE JUSTICE SERVICES INCENTIVE AWARD NOMINATION FORM

This form **MUST** be typed

Revised 2.7.2017

Name of Nominee: _____ Job Title: _____ Facility: _____
Name of Nominator: _____ Date of Occurrence/Completion: _____ **Nominee EIN:** _____
Requested Amount: _____ Date Submitted: _____

Description of Criteria Met (DHS Policy & Procedure 02-08 Section B)	
Circle all that apply	
1	Improvement in Division Operation: Applied creative ideas, initiative, leadership, and investment in time, for improvement of agency functions.
2	Statewide Benefits and Public Service: Increased or improved public service/safety/health, or reduced duplication.
3	Cost savings or revenue increases within the Division: Saved significant dollars/time or increased revenues.
4	Outstanding Work Effort: Exceeded normal job responsibilities and expectations for a unique event or over a sustained period of time.

Mandatory: Attach detailed justification for nomination (must be typed) (**Supervisor, APD and PD signatures are REQUIRED**)
Supervisor Input: Check one: _____ Approved: _____ Denied: _____ Supervisor Signature _____
Recommended Amount: _____ APD Signature: _____ PD Signature _____

INCENTIVE AWARD REVIEW COMMITTEE ACTIONS	
Approved for: \$ _____ or _____ Days of Administrative Leave	Criteria Met: 1 2 3 4
Returned to APD for: _____	
Forwarded to Division Director: _____	
_____	_____
Committee Chair	Date

DIVISION RECOGNITION AWARD	
Approved for: \$ _____ (For amounts \$50 - \$500) or _____ Days of Administrative Leave	
Approved for: _____ (For 1-8 hours)	
Forward to DHS Executive Director with recommendation for amounts over \$500 or over 8 hours of Administrative Leave.	
Reason for Denial: _____	
_____	_____
Division Director	Date

DEPARTMENT RECOGNITION AWARD	
Approved for: \$ _____	
Approved for: Reason for denial: _____	

_____	_____
Executive Director	Date