



# NOMINATION FORM EMPLOYEE RECOGNITION AWARD

## FORM 46

Date stamp

### Part 1 Nominee Details

Please enter the details of the Shire of Dardanup Employee you would like to nominate

Name

Department (if known)

### Part 2 Attribute(s) for Nomination

Please tick one or more boxes of the attributes that you believe has made the recipient worthy of nomination

Displayed a pleasant manner in the performance of their duties

Went above and beyond the call of duty in attending to my needs

Was polite and accommodating in relation to my enquiry/interaction

Was able to deal with my situation in a speedy fashion

Quickly found someone who could assist me

Other (please give details below)

### Part 3 Additional Information

Please provide any additional information to support your nomination

### Part 4 Nominated by

Please complete

Staff Member

Member of the Public

Name

Address

Signature

Date