



# NOMINATION FORM

Nominations are due to the District Office by the 15th day of the month. Employees will be recognized at the Board Meeting the first of the following month. Forms may be sent through interoffice mail or faxed to: 706-965-8913, Attn: Marissa Chambers. If you need more information, please call 706-965-2297 ext. 109.

Date: \_\_\_\_\_ Nominee's name: \_\_\_\_\_

Work site and Job Title: \_\_\_\_\_

In the space provided, explain why you feel this person is a Shining Star: (You may attach one additional page)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Nominator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_