

Nomination Form

The *Employee Recognition Awards* honour individuals and teams in the PEI public service whose outstanding contributions strengthen our workplaces and the government services we deliver, as well as benefit the citizens of Prince Edward Island. Each award has a distinct criteria and purpose; full details are available in the *Employee Recognition Awards Guidelines*.

How to Nominate: To submit a nomination, please complete this form and forward it to PEI Public Service Commission. Nominations must include at least **one third-party endorsement letter**. Additional supporting materials, such as news articles, videos, or other digital documents, may also be included. You will receive an acknowledgement email once your nomination has been received. If you do not receive confirmation within two weeks, please contact us.

PEI Public Service Commission

PO Box 2000 Charlottetown PE C1A 7N8

Email: EmployeeExperience@gov.pe.ca

EMPLOYEE RECOGNITION AWARD:	
For which Employee Recognition Award are you submitting the nomination?	
<input type="checkbox"/> Premier’s Excellence in Leadership Award <input type="checkbox"/> Annual Premier’s Leadership Award for Equity, Diversity, and Inclusion in the Public Service <input type="checkbox"/> Departmental Innovation Award <input type="checkbox"/> Douglas MacMaster Memorial Occupational Health and Safety Award <input type="checkbox"/> Engagement and Collaboration Award	
NOMINATION:	
Individual(s) being nominated, including position title(s): <i>If you nominate a group, please name each individual in the group.</i>	
<div style="border: 1px solid black; height: 40px;"></div>	
Group Name (if applicable):	
Project Name (if applicable):	
Ministry/Organization:	Division/Branch:
Location:	
Email:	Phone Number:
Mailing Address:	
Has this nomination been previously submitted for an award? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the nominee aware of this nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Deputy Minister (or equivalent) aware of this nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If awarded, include the following name(s) on Award Certificate: <input type="checkbox"/> Group Name <input type="checkbox"/> Individual Name(s) <input type="checkbox"/> Both Group and Individuals	
NOMINATOR:	
Nominator’s Name(s):	
Ministry/Organization:	Division/Branch:
Email:	Phone Number:
Relationship to Nominee:	

RATIONALE FOR NOMINATION:

Summarize and describe the rationale for the nomination for the award. Consider the circumstances, people involved, performance, impact, and/or outcomes that led to this nomination (max 200 words):

AWARD CRITERIA

Please review the award criteria for the award in the *Employee Recognition Awards Guidelines* and describe the requested information below. Please include specific examples of how the nominee(s) meet the award criteria. **Please attach additional pages if needed.**

LETTER OF ENDORSEMENT:

At least one letter of endorsement describing the nominee’s accomplishment(s) to support the nomination is to be included with the nomination form submission. The endorsement letter(s) may come from peers, supervisors, clients, partners and supervised staff.

SIGNATURES:

Nominator signature:

Date (month/day/year):

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