

NOMINATION FORM

CITY CHAMPIONS



Nomination Procedure: Co-workers, peers, supervisors, managers, and directors may be nominators. The direct supervisor must approve this form.

Approvals: Supervisors may approve all non-monetary awards. A director's signature is required for monetary awards of up to \$50. Any amount exceeding \$50 must be approved by Assistant City Manager, Deputy City Manager, or City Manager or their designee.

NOMINEE & NOMINATOR INFORMATION

Nominee Information

First Name: _____
Last Name: _____
ID Number: _____
Job Title: _____
Department: _____
Email: _____
Phone: _____

Nominator Information

First Name: _____
Last Name: _____
ID Number: _____
Job Title: _____
Department: _____
Email: _____
Phone: _____

Relationship to Employee: Direct Supervisor Department Director Co-Worker Other: _____

TYPE OF AWARD NOMINATION

Non Monetary: Certificate of Achievement will be provided.
Do not complete Billing Code on Page 2.

Monetary Award: Cash Award and Certificate of Achievement.
Billing Code required on Page 2.

Please Note: All Monetary awards must be signed and approved by the department's director.

Amount of Monetary Award

Justification Criteria for Monetary Award: Check the box next to the appropriate criteria

Benefits measured in cost savings or increased revenue for the City.

Benefits add value not measured in cost savings or increased revenue.

NARRATIVE EXPLANATION OF AWARD

BE AS SPECIFIC AS POSSIBLE WHEN EXPLAINING WHY THIS PERSON IS BEING NOMINATED FOR THE AWARD. BE SPECIFIC ABOUT TIMES, DATES, AND ISSUES. AVOID JARGON AND DEFINE ACRONYMS. EXPLAIN HOW THE EMPLOYEE CLEARLY EXCEEDED NORMAL EXPECTATIONS OF THEIR ROLE. IF NEEDED, ATTACH WORD DOCUMENT TO THIS FORM FOR ADDITIONAL SPACE.

NOMINATION FORM

— APPROVAL PAGE



MONETARY AWARD BILLING CODES

Account Number	Fund Code	Unit/Org Code	Department Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPROVAL SIGNATURES - REQUIRED FOR ALL AWARDS

Nominator Signature: _____ Direct Supervisor Signature: _____
Date of Signature: _____ Date of Supervisor Signature: _____

If nominator is the Direct Supervisor or Director please check this box. **You do not need to sign twice.**

APPROVAL SIGNATURES FOR MONETARY AWARDS UP TO \$50

Director Signature: _____
Date Signed: _____

APPROVAL SIGNATURES FOR MONETARY AWARDS OVER \$50

Assistant City Manager or City Manager (or designee) Signature: _____
Date Signed: _____

HOW TO SUBMIT THIS FORM



Online Upload

<https://learningcc.org/recognition/>



Email Delivery

Scan & Email to learninginstitute@cctexas.com



Hand Delivery

Print & Deliver to:
City of Corpus Christi Organizational Development
Human Resources, City Hall 2nd Floor,
1201 Leopard Street, Corpus Christi, Texas 78401



Questions?

Call 361.826.3300

BEST PRACTICES

- FIND OUT HOW YOUR TEAM MEMBER PREFERS TO BE CELEBRATED
- AWARD THE CERTIFICATE IN A TIMELY MANNER
- LET THE EMPLOYEE KNOW THEY MAY BE FEATURED ON OUR WEBSITE OR THE CITY NEWSLETTER TO CELEBRATE THEIR AWARD.