

Supervisor of the Year Award Nomination Form

Supervisor of the Year: *acknowledges the supervisor that provides outstanding tools for achievement, treats all with profound respect, upholds highest integrity, and empowers their peers to achieve their best while offering development opportunities for future growth.*

YOUR INFORMATION:

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

Comments: _____

TELL US ABOUT YOUR NOMINATION:

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

What makes this supervisor qualified for this award? Why is this person special? Give us the story?

Rules: All Nominations must fit the award description and must be your supervisor.

Return this form to Ashley Costa at Ashley.Costa@dhs.arkansas.gov

