



**STATE OF HAWAII
INCENTIVE & SERVICE
AWARDS PROGRAM**

NOMINATION FORM

- Sustained Superior Performance
- Special Act/Service
- Distinguished State Service
- Manager of the Year
- Other

Fiscal Year

Name

Position

Position No.

Department

Division

Branch or Office

Nominee's
Phone

Island

No. of Yrs. with
State Government

Nominator's Name/Title

Nominator's Phone
No.

WORK UNIT OBJECTIVES:

GENERAL FUNCTIONS OF THE POSITION:

REASONS FOR NOMINATION: