

STATE OF HAWAII Incentive & Service Awards Program

Calendar Year

TEAM OF THE YEAR NOMINATION FORM

The County and the County of t	
NAME OF TEAM:	
Team Members (Names/Positions/Divisions/Phone Nos.):	
Department:	Island:
Nominator's Name/Title:	Nominator's Phone No.:
Norminator's Name/Title.	Nonlinator's Friorie No
Team Assignment/Objective:	
REASONS FOR NOMINATION	
(Describe the specific achievement in detail, including: (1) the way and degree to which the team demonstrated exemplary initiative and leadership, outstanding work performance, creativity and innovation in achieving work efficiency or generating revenues or cost savings, and/or significant	
contribution towards the attainment of program objectives; and (2) benefits or results realized.)	