

County of San Bernardino
Department of Behavioral Health

EMPLOYEE RECOGNITION NOMINATION FORM

Nominee's Name	Job Title
Program Name	City

Give a description with specific examples which illustrate why this person is currently the most deserving in your program/clinic and how their performance goes above and beyond normal job requirements:

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Name of person nominating (print)	Signature
Nominee's Supervisor Signature	Date:

Submit form to the **Workforce Education and Training Unit** by:

Mai: Workforce Education and Training
Mail Code: 0019
1950 S. Sunwest Lane Ste 200
San Bernardino, CA 92415

Email: training@dbh.sbcounty.gov