

Affirmation

I, _____,
do hereby affirm that the foregoing information provided by me is true and complete to the best of
my knowledge and belief. I would like to hereby officially nominate _____,
an employee of the Village of St. Charles, for formal recognition.

Signed,

Nominator Signature

Date

in the Village of St. Charles, County of Saginaw.

Witness Signature (*NOTARY NOT REQUIRED*) _____

Witness Signature (*NOTARY NOT REQUIRED*) _____

For Village Use Only

Name of Initial Reviewer of Request	Date of Review
Recommendation	
Signature	

To be completed by Employee's Supervisor:

Type of Recognition	Date Received
Date Review Was Initiated	
Date Review was Completed	
Dated of Filing Final Report	
Determination <input type="checkbox"/> Substantiated <input type="checkbox"/> Unfounded <input type="checkbox"/> Inconclusive	
Supervisor's Signature	Date

Final Determination:

Letter of Recognition

Commendation

Public Award

Action taken:

Comments:

Nominator Notified of Disposition by: _____ **Date** _____

Employee Notified of Disposition by: _____ **Date** _____

Village Manager Signature _____ **Date** _____