

Employee Recognition Form

	F -7		
Name of Nominator			
Street Address			
City	State	Zip Code	
Telephone #			
Цото	Wor	k:	
Name of Employee			
Department			
Employee Supervisor			
Telephone #			
Date and Time of Incident			
Location of Incident			
Details of the Occurance			
(Use additional sheets if necessary)			

Name of Person Assisting (if any)	Reason for Assistance
Signature of Nominator	Date

Affirmation

l,		
do hereby affirm that the foregoing information providing knowledge and belief. I would like to hereby official	-	
an employee of the Village of St. Charles, for formal re	cognition.	
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 ☐ Substantiated ☐ Unit	ounded Inconclusive
Supervisor's Signature	Date
Final Determination:	
Letter of Recognition Commen	lation Public Award
Action taken:	
Comments:	
Nominator Notified of Disposition by:	Date
Employee Notified of Disposition by:	Date
Village Manager Signature	Date