



H.E.R.O. Feedback Form

Public Recognition Involving Dedicated Employees
(To be completed by Department Director)

Employee's Full Name: _____

Department: _____

Job Title: _____

Detail reasons why employee is being nominated for a H.E.R.O. Award:

Nominating Director: _____

Signature: _____ Date: _____

Send this form, along with applicable documentation to Human Resources for review.

Recommend approval Deny HR & RM Director Signature: _____

Comments: _____

Approve Deny

County Administrator (or designee) Signature

Date

Directions for HR Staff:

If approved:

- Prepare H.E.R.O. award certificate
- Coordinate with department on Board Meeting date
- Provide certificate and narrative to HR & RM Director for Board Meeting and signatures
- Send copy of form and certificate to PIO
- Provide copy of form and certificate to Payroll Specialist for processing of 8 hours of leave
- Place copies of all documentation in employee's file

If denied:

- Copies of form and documentation to nominating Director
- Place all documentation in employee's file