



# 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