



# CITY OF CORPUS CHRISTI LEARNING INSTITUTE

A Division of the City of Corpus Christi Human Resources Department. <http://learningcc.org>

## CITY CHAMPIONS AWARD NOMINATION FORM

Please read this form carefully. Nominations must be submitted on this form.

**NOMINATION PROCEDURE:** Co-workers, peers, supervisors, manager, and directors may be nominators. The nominee's direct supervisor must sign this nomination form. If the form will be monetary, additional approval is required. Please see the monetary section below for more details.

1. NOMINEE INFORMATION: PERSON BEING NOMINATED.	
FIRST NAME:	_____
LAST NAME:	_____
ID NUMBER:	_____
JOB TITLE:	_____
DEPARTMENT:	_____
EMAIL:	_____
PHONE:	_____

2. NOMINATOR INFORMATION: PERSON SUBMITTING FORM.	
FIRST NAME:	_____
LAST NAME:	_____
ID NUMBER:	_____
JOB TITLE:	_____
DEPARTMENT:	_____
EMAIL:	_____
PHONE:	_____

ARE YOU THE EMPLOYEE'S DIRECT SUPERVISOR:  YES  NO (If you are not, please make sure to get the employee's supervisor's signature below.)

### 3. TYPE OF AWARD NOMINATION: Please check one (1) box below.

- NON MONETARY:** Certificate of Achievement will be provided. Please skip to section 4 below.
- MONETARY:** Cash Award and Certificate of Achievement: Please provide billing codes below.

**PLEASE NOTE:** All monetary awards must be signed and approved by the nominee's supervisor and the department's director.

<b>AMOUNT OF MONETARY AWARD:</b> <small>Director Signature Required. If the award is more than \$50, it will require Assistant City Manager, Deputy City Manager, or City Manager Approval.</small>	\$ _____
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**JUSTIFICATION CRITERIA FOR MONETARY AWARD**  
Check the box below next to the appropriate criteria and make sure to include an explanation in the narrative below.

- Benefits measured in cost savings or increased revenue for the City.
- Benefits add value not measured in cost savings or increased revenue.

MONETARY AWARD BILLING CODES:			
ACCOUNT NUMBER	FUND CODE	UNIT / ORG	MISSION ELEMENT

**4. NARRATIVE EXPLANATION OF THE AWARD:** Be as specific as possible when explaining why this person is being nominated for the award. For example, it is not sufficient to say your nominee is a nice person. Be specific about the situations, dates, and issues. Avoid jargon and define acronyms in your explanation. Explain how the employee clearly exceeded the normal expectations of their job duties. Please feel free to attach additional pages as needed.

Please attach additional sheet for narrative, if needed.

## 5. APPROVAL SIGNATURES:

NOMINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_

**DIRECTOR APPROVAL REQUIRED FOR MONETARY AWARD:** Director's level signature is required for awards of **up to \$50.**

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ASSISTANT CITY MANAGER APPROVAL:** Assistant City Manager or City Manager signature is required for awards **more than \$50.00**

CITY MANAGER or ACM SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## 6. HOW TO SUBMIT THIS FORM:

- HAND DELIVERY:** Print and deliver to:  
City of Corpus Christi Learning Institute,  
Human Resources, City Hall 2nd Floor,  
1201 Leopard Street, Corpus Christi, Texas 78401
  - EMAIL DELIVERY:** Scan and email to [learninginstitute@cctexas.com](mailto:learninginstitute@cctexas.com)
  - QUESTIONS:** Call 361.826.3300
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