

Oklahoma Department of Corrections
MERITORIOUS SERVICE AWARD
Nomination Form

Nominee: _____ **Date:** _____

Job Title/Position: _____

Facility/District/Unit/Division: _____

PURPOSE: Each day, employees of the Oklahoma Department of Corrections place themselves in danger to protect the public and community at large. To honor this commitment, the Oklahoma Department of Corrections may recognize a staff member with a Meritorious Service award. **CRITERIA: Awarded to an employee(s) who distinguishes him or herself by an act of extraordinary bravery and exceptional valor outside of his or her professional duties, involving imminent personal threat without regard to his or her personal safety.**

Describe the reason(s) why you believe this nominated employee(s) should be selected to receive the agency's Meritorious Service award. Provide a detailed summary of the event; in addition, related reports, memorandums and/or news articles that document this event may be attached.

(Printed Name of Nominator) (Signature) (Facility/District/Unit) (Date)

(Facility/District/Unit Head Signature /Date) (Division Administrator Signature/Date)

NOTE: Upon signature of the division administrator, the form will be forwarded to the chief administrator of Employee Services and set for review by executive staff.