County of Orangeburg Employee Pack Nomination Form

For Employees Who Exemplify Monthly Character Traits

Name(s) of Nominee: __________________________________________
Address: _____________________________________________________
City: __________________________ State: _______ Zip: _____________
Telephone: __________________________

Department: __________________________

Character Trait Exemplified: __________________________
How does this individual demonstrate the monthly character trait?
(Attach further information as needed)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Submitted by: __________________________ Department: ______________
Date __________

Name of Department Head: __________________________
Name of Deputy Administrator: __________________________

ACKNOWLEDGMENT OF NOMINATION

I received the Character Trait Nomination for:
___________________________________________ on __________________.

_____________________________________________________________________

____________________________
Lovell
Brothers, PACK Chairperson

Return copy to: __________________________

character trait nomination form rev02132013