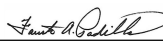
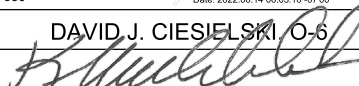


STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	NGAZ-HRZ	CONCUR	 Digitally signed by PADILLA,FAUSTO ALFREDO.1173529720 Date: 2022.06.06 16:13:57 -0700 FAUSTO A. PADILLA, O-6	6		CONCUR	
2	NGAZ-DAS-JAG	CONCUR	RODAK,NEAL.PATRICK.12378249 26 Digitally signed by RODAK,NEAL.PATRICK.1237824926 Date: 2022.06.07 12:23:44 -0700 NEAL P. RODAK, O-5	7		CONCUR	
3	NGAZ-DAS-COS	CONCUR	CIESIELSKI,DAVID.JOHN.11004 97030 Digitally signed by CIESIELSKI,DAVID.JOHN.1100497030 Date: 2022.06.14 06:03:10 -0700 DAVID J. CIESIELSKI, O-6	8		CONCUR	
4	NGAZ-TAG	CONCUR	 KERRY L. MUEHLENBECK, O-8	9		CONCUR	
5		CONCUR		10		CONCUR	

SURNAME OF ACTION OFFICER AND GRADE

Fadeley, O-5

SYMBOL

NGAZ-HRO-X

PHONE

602-267-2977

TYPIST'S
INITIALS
JLF

SUSPENSE DATE

20220401

SUBJECT

T5 Employee Recognition Program

DATE

20220304

SUMMARY

1. PURPOSE: TAG decision point to add T5 employees into the yearly recognition cycle.
2. BACKGROUND: All other employee tenures are recognized annual at the CASY, except for our T5 employees.
3. DISCUSSION: Using the same nomination form as State employees, and reducing to an individual award only, DEMA can recognize T5 employees at a nominal cost.
4. RECOMMENDATION: Approve the policy and form. Nominations can begin this CY.

//Signed//

Jennifer L. Fadeley, LTC, AD, AZARNG

TAB

1. Policy
2. Nomination Form

ARIZONA Department of Emergency and Military Affairs POLICY	POLICY LETTER NO. 20.20	
	DATE 01 JUL 22	OPR NGAZ-TAG
SUBJECT: T5 Employee Recognition Program	REGULAR POLICY LETTER DISTRIBUTION (POLICY LETTER 10.01)	

1. Applicability: This policy applies to Arizona Department of Emergency and Military Affairs (DEMA) personnel.

2. Purpose: To recognize and reward outstanding T5 employees who contribute to the overall success of DEMA.

3. Policy: Twice a year, DEMA will select from a nomination pool, a T5 employee to recognize and these two employees will be recognized at a yearly awards function where one will be named DEMA T5 Employee of the Year.

a. Nominations will be submitted to Federal HRO using the “Bi-Annual Employee Nomination Form”.

b. A panel of two GS14/O6s and two E9s (one from each component) will select the winner from the nominations to determine the biannual winners and the yearly winners will be determined based on a panel of two GS15/O7s and two E9s (one from each component). Only the nomination form can be considered when selecting a winner. Federal HRO will conduct these panels and record the results.

4. Administration: Point of contact for this policy is the Federal Human Resources Office, (602) 629-4800.



KERRY L. MUEHLENBECK
Major General, AZ ANG
The Adjutant General



Bi-Annual Employee Nomination Form

Arizona Department of Emergency and Military Affairs

This award provides bi-annually acknowledgment of exemplary employee service or contributions that support the Department's mission. All DEMA Title 5 federal employees who have been employed by DEMA for a minimum of six months prior to the effective date of the award and have received an overall rating of at least 3 on their most recent PAA evaluation are eligible to be nominated.

Name of Nominee Title

Type of Nomination Bi-Annual Year

To nominate an employee fill in the box below, explaining why the employee should be chosen as the Bi-Annual Outstanding Employee for **January 1-June 30** and **July 1-December 31**. For example: "I am nominating Jane Smith as outstanding employee of the quarter for her exemplary work and services provided to Coconino, Navajo, and Yavapai counties during the recovery process from the XYZ Flood." Character space is limited, please use additional pages if necessary. Completed nomination forms must be received by HRO NLT the 31st day of January and July for the prior submission period.

SUPPORT FOR NOMINATION:

Briefly explain who the nominee is/are and why they are being nominated.

Please provide details and examples that support the reasons for the nomination and why this employee, group of employees, or supervisor should be selected. Evaluation criteria should include, but is not limited to the following:

ROLE MODEL:

Explain why the nominee is looked up to and considered a model for others to follow.

PRODUCTIVITY/QUALITY:

Give examples showing how the Nominee exceeds the productivity and/or quality standards for the unit, or what changes he/she/they has implemented to improve overall productivity and/or quality of the unit.

Bi-Annual Employee Nomination Form Continuation

SAVINGS:

Explain what methods the Nominee has implemented to save time or money in the agency.

SERVICE:

Describe the actions the Nominee has taken to demonstrate outstanding service to other Department units, outside organizations, co-workers or others with whom the Department does business.

TEAMWORK:

Describe how the Nominee has collaborated with fellow employees to achieve Department objectives.

Nominator's Information:

Name:

Title:

Phone Number:

Email:

Signature:

Date:

Signature of Nominee's Supervisor (If applicable):

Date Received at HRO: