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| Award Category (Select one) Group Individual Excellence in Occupational Safety | | Calendar Year | Agency | |
| Nominee Name (as it should appear on the certificate) | Working Title (see Group attachment) | Classification <u>(must attach specific duty statement(s), not CalHR job specifications)</u> | | |
| Work Number | Work Mailing Address | Department, Division, or Office | | |
| Work Email Address | City | State | Zip Code | |

Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **An electronic copy of the summary will be requested if nomination is approved.**

Provide further explanation if the following information is not answered in the Summary of Contributions shown above.

| | | |
|---|-----|----|
| Was the action or project completed in the previous calendar year? | Yes | No |
| Is this nominee or group directly responsible for safety or health programs? | Yes | No |
| Was this action or project completed outside the nominee's regular job duties? | Yes | No |
| Did this action or project take place during the course and scope of employment? | Yes | No |
| Has this action or project been considered previously for an award (GESA, departmental, merit, other)? Explain outcome. | Yes | No |
| Supporting documentation and Duty Statement(s) attached? | Yes | No |

EXPLANATION

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|---|----------------------|-----------------------------|----------------------|----------|
| Departmental Contact | Work Mailing Address | City | State | Zip Code |
| Departmental Approval | | Contact Work Email Address | Contact Work Number | |
| Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.) | Date | Approver Work Email Address | Approver Work Number | |

