## Kentucky <br> Department for <br> ommunity <br> Based Services <br> DCBS Superhero Award Nomination Form

Thank you for your nomination! Tell us more about the DCBS employee(s) you recommend for a Superhero Award. Please review the list below and check each one of the qualities your nominee(s) demonstrates, or add your own. Please either give a specific description of how your nominee(s) demonstrates each of these qualities or give a detailed narrative description in the space on the second page of this form (optional). If you are nominating staff of an entire office, please list the office name and names of each team member. You may use more than one form or attach supplemental information if needed. Please submit your nomination to DCBSCommissioner@ky.gov.

DCBS Superhero Award Nomination

Award Nominee
Name:
Email:
Position:
Division:
Phone:

Nomination Submitted By
Name:
Email:
Position:
Division:
Phone:

My nominee demonstrates these exemplary qualities.
Please give specific examples of each:
Provides Quality Customer Service/Treats Others with Integrity and Respect
Example:
Problem Solving/Resourcefulness
Example:
Displays Positive Attitude and Work Ethic/Commitment to Teamwork Example:

Leadership and Exceptional Performance/Takes Initiative
Example:
Other Character Contributions
Example:

## Reason for Nomination - Narrative Description (optional)

Why do you consider this nominee for a Superhero Award? Provide a brief (100 words or less) overview summary.

Please list a few specific examples of how the nominee demonstrates excellence. For instance you may choose to provide an example of dedication, exceptional performance, customer service, initiative, integrity, respect, teamwork or work ethic.

Please email the completed form to DCBSCommissioner@ky.gov.

