Released 06/17/99.

Nomination Form

NINDS Employee of the Month

Name of Employee: _____

Position Title: _____

Series & Grade: _____

Organization: _____

Name of Supervisor: _____ Phone No.: _____

Supervisor's Position Title: _____

Signature of Supervisor: _____ Date: _____

Nominator's Name (if not supervisor): _____ Phone No.: _____

Nominator's Position Title: _____

Signature of Nominator: _____ Date: _____

Reason Why Employee is Being Nominated (25 words or less)

_____

Submit by the 15th of the month to: NINDS EEO Office, Bldg. 31, Room 8A-19

To be completed by other offices

Date received: _____

Director, NINDS _____ Date: _____