



The Governor's State Employee Medal of Valor Award is the highest honor California bestows upon employees who risked their lives to save others or state property. Please carefully provide all required nomination information and documentation, and submit to Merit@CalHR.ca.gov.

1. DEPARTMENT INFORMATION

Department Name:

Name of Director/Department Head: Title:

Street Address: City, State, Zip Code:

Preferred Phone Number: Email:

2. PUBLIC AFFAIRS/COMMUNICATIONS DIRECTOR

Name of Public Affairs/Communications Director: Title:

Street Address: City, State, Zip Code:

Preferred Phone Number: Email:

3. MERIT COORDINATOR

Name of Merit Coordinator: Title:

Street Address: City, State, Zip Code:

Preferred Phone Number: Email:

4. NOMINEE INFORMATION

Name of Nominee: Title and Classification (on date of act):

Division or Region: Current Title and Classification (if different):

Work Address: City, State, Zip Code:

Preferred Phone Number: Email:

5. RECOMMENDED AWARD

Please select recommended award for nominee (select only one):

Special Act (Gold)

- An **extraordinary** act of heroism by a state employee extending **far** above and beyond the normal call of duty or service performed at **great risk** to his/her own life in an effort to save human life.

Special Service (Silver)

- An act of heroism by a state employee extending above and beyond the normal call of duty or service performed at personal risk to his/her safety to save human life or state property.

6. ACT OF HEROISM

Date of Act:

Approximate Time of Act:

Location of Act:

Length of time for act:

Detailed description of the heroic act including, but not limited to, weather conditions, environmental hazards, risks to the nominee, physical effect of rescue to nominee and person(s) rescued (attach additional paper, if necessary):

ACT OF HEROISM (continued)

Provide a statement on how the act of heroism performed surpassed the nominee's normal job duties. Also attach a copy of the nominee's duty statement for the position they held when the act of heroism was performed:

7. PERSON(S) RESCUED

Name and contact information for person(s) rescued (attach additional paper, if necessary)

Name:	Street Address:
<input type="text"/>	<input type="text"/>

City, State, Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>

Name:	Street Address:
<input type="text"/>	<input type="text"/>

City, State, Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>

Name:	Street Address:
<input type="text"/>	<input type="text"/>

City, State, Zip Code:	Phone Number:
<input type="text"/>	<input type="text"/>

8. ACT OF HEROISM SUBSTANTIATION

What documents have you attached to substantiate this nomination? (check and attach all that apply):

- Duty Statement (required with submission)
- Investigating police, fire and/or other emergency agency reports
- Eyewitness reports
- Newspaper articles
- Internal Investigation/Report
- Citation
- Other (please describe)

I certify that the details provided herein for this nomination are accurate and true to the best of my knowledge and recommend a Governor's State Employee Medal of Valor Award be given to the above nominee for their Special Act/Special Service in accordance with the provisions of Section 19823 of the Government Code and procedures set forth in CalHR Regulations 599.655

Print Name:

Title:

Department:

Division:

Preferred Phone Number:

Email:

Signature

Date

9. DEPARTMENTAL APPROVAL

Print Name of Director/Department Head:

Title:

Signature

Date

CALIFORNIA DEPARTMENT OF HUMAN RESOURCES APPROVAL (CalHR USE ONLY)

Print Name of Director:

Title:

Signature

Date