



Please carefully read the award nomination instructions in the Special Act/Special Service Award Nomination Package before completing this form. The following information is required for all nominations. If you fail to provide the requested information your nomination may be returned, which may delay award processing.

**1. DEPARTMENT INFORMATION**

Department Name:

Name of Director/Commissioner:

Title:

Street Address:

City, State, Zip Code:

Phone Number:

Fax:

Email:

Cell Phone/Pager:

**2. PUBLIC AFFAIRS/COMMUNICATIONS DIRECTOR**

Name of Public Affairs/Communications Director:

Title:

Street Address:

City, State, Zip Code:

Phone Number:

Fax:

Email:

Cell Phone/Pager:

**3. AWARDS COORDINATOR**

Name of Awards Coordinator:

Title:

Street Address:

City, State, Zip Code:

Phone Number:

Fax:

Email:

Cell Phone/Pager:

#### 4. NOMINEE INFORMATION

Name of Nominee:

Title and Classification (on date of incident):

Division or Region:

Current Title and Classification (if different):

Work Address:

City, State, Zip Code:

Phone Number:

Cell Phone/Pager:

#### 5. REQUESTED AWARD

Please check the award you are recommending the nominee receive:

- Special Act (Gold)       Special Service (Silver)

#### 6. INCIDENT

Date of Incident:

Approximate Time of Incident (not military time):

Location of Incident:

Conditions at the time of incident (environmental hazards, weather):

Detailed description of the incident and rescue (or attempted rescue) and the risk the nominee faced in performing the special act/special service (attach additional paper if necessary):

**INCIDENT (continued)**

Check the box that best describes the heroic act your nominee performed and then provide a statement on how this act surpassed his/her normal job expectancy.

Statement on how the act surpassed normal job expectancy:

- The nominee greatly risked his/her own life in an effort to save human life.
- The nominee's actions extended above and beyond the normal call of duty or service and risked his/her safety to save human life or state property.

Length of rescue time:

Outside Assistance:

- No     Yes (if yes, provide names below)

Name:

Department or Agency:

Name:

Department or Agency:

**7. PERSON(S) RESCUED**

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

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Physical effect of incident/rescue to nominee and the individual(s) rescued:

## 8. INCIDENT SUBSTANTIATION

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

- Investigating police, fire and/or other emergency agency reports
- Eyewitness reports
- Newspaper articles
- Internal Investigation/Report
- Citation copy attached and electronic copy emailed to: [jonathan.calabretta@CalHR.ca.gov](mailto:jonathan.calabretta@CalHR.ca.gov)
- 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:

Phone Number:

Signature:

Date

## 9. DEPARTMENTAL APPROVAL

Print name of Director/Commissioner:

Title:

Signature:

Date

## CALIFORNIA DEPARTMENT OF HUMAN RESOURCES APPROVAL (CalHR USE ONLY)

Print name of Director or Designee:

Title:

Signature:

Date: