



**BERKELEY LAB'S
SAFETY SPOT AWARD
NOMINATION FORM**



Employee Name:	Employee ID:
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Division:	Department:
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Instructions: Briefly describe below the employee contribution or achievement. For a team award, list individual names on the attached page. Also include a short, one-sentence description of the contribution or achievement to be included on the Spot Award certificate. If you are nominating an employee in a Division other than your own, please gain concurrence with that employee's Division prior to submitting the award nomination. *Note: Monetary recognition for eligible employees is determined based on the type of accomplishment and will be assigned by the Safety Spot Award Committee. Values range from \$25 to \$150 in most cases.*

Description of Accomplishment: Describe (in a couple of sentences) what the employee/team did and the importance of this activity to the Department, Division, Laboratory, or scientific community.

Summary: Provide a one key phrase/sentence that summarizes the award to be included on the award certificate: Please start with "This Safety Spot Award is in recognition of..."

Nominated By:	Date:
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Approved by Safety Spot Recognition Committee:	Reviewed by HR Center:	Concurring Division: (Optional)
_____ (Signature)	_____ (Signature)	_____ (Signature)
_____ (Print name and title) Andrew Peterson, EHSS Assurance Manager	_____ (Print name and title)	_____ (Print name and title)
_____ (Date)	_____ (Date)	_____ (Date)

Shaded areas below to be completed by HR

Classification Code:	Union Code:	Project ID: HSAFSP
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Classification Title:	Proposed Award Amount:
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SPOT AWARD NOMINATION FORM

Team Nomination Form (page 2)

Shaded areas below to be completed by HR

Employee Name:		Empl ID:
Division:	Department:	
Classification Code:	Union Code:	Project ID: HSAFSP
Classification Title:		Proposed Award Amount:

Employee Name:		Empl ID:
Division:	Department:	
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(duplicate page 2 if necessary)

Team nominees