



Governor's State Employee Medal of Valor Special Act / Special Service Award Nomination

DPA 012 (Revised 2008)

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 form may be returned which may delay processing your award nomination.

1. DEPARTMENT INFORMATION

Department Name:

Name of Director/Commissioner:	Title:
Street address:	City, State, Zip Code:
Phone number:	Fax:
Email:	Cell Phone/Pager:
Name of Public Affairs/Communications Director:	Title:
Street Address:	City, State, Zip Code:
Phone Number:	Fax:
Email:	Cell Phone/Pager:
Name of Departmental Nomination/Awards Ceremony Coordinator:	Title:
Street Address:	City, State, Zip Code:
Phone Number:	Fax:
Email:	Cell Phone/Pager:

2. NOMINEE INFORMATION

Name of Nominee:	Title and Classification (on date of incident):
Division or Region:	Current Title and Classification (if different than above):
Home/Work Address:	City, State, Zip Code:
Phone Number:	Cell Phone/Pager:

3. INCIDENT

Date of Incident:	Approximate time of Incident (do not use military time):
Location of Incident:	

Conditions at time of Incident (environmental hazards, weather):

INCIDENT (continued)

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):

Clarify how the nominee's act surpassed normal job expectancy:

Length of rescue time:	Outside assistance: No Yes (if yes, provide names below)
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Name:	Department or Agency:
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Name:	Department or Agency:
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Name and contact information for person(s) rescued (attach additional paper if necessary):

Name:	Street Address:
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City, State, Zip:	Phone Number:
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Name:	Street Address:
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City, State, Zip:	Phone Number:
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Name:	Street Address:
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City, State, Zip:	Phone Number:
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INCIDENT (continued)

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

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
- Other (please describe)

4. REQUESTED AWARD

Please check the award you are recommending the nominee receive:

Special Act (Gold)

Special Service (Silver)

In accordance with the provisions of Section 19823 of the Government Code and procedures set forth in DPA Regulations 599.655, 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.

Print Name:	Title:
Signature:	Date:
Department:	Division:
Telephone Number:	Date:

5. DEPARTMENTAL APPROVAL

Print name of Director/Commissioner:	Title:
Signature:	Date:

DEPARTMENT OF PERSONNEL ADMINISTRATION APPROVAL (DPA USE ONLY)

Print name of Director or Designee:	Title:
Signature:	Date:
