



NEW YORK CITY
DEPARTMENT OF CORRECTION
EMPLOYEE RECOGNITION PROGRAM CARD

Recipients name: _____

Job Title: _____ Command: _____

Check all that apply:

- Professional appearance and/or compliance with uniform requirements
- Displays teamwork abilities
- De-escalation techniques used to prevent violent incidents
- Contributes solution driven ideas
- Display of professionalism in a difficult situation
- Good attendance
- Acts of bravery (provide description) _____
- Other _____

_____ # _____

Nominators Signature Shield or ID Number

_____ / / _____

Print name Date

- Any card missing the nominator's signature will not be considered.
- Employee may only complete one card per nominee.
- Ballot should be submitted no later than the third thursday of each month.

Notes:

Signature