



presents the



# PRUDENTIAL PRESENTS THE 2009 DAVIS PRODUCTIVITY AWARDS

## NOMINATION FORM FOR SUSTAINED EXEMPLARY PERFORMANCE BY AN INDIVIDUAL EMPLOYEE

DATE PREPARED  
BY NOMINATOR:

NOMINATION NUMBER: 2009-                      or                      #  
(Number assigned by Agency Awards Coordinator)

### INFORMATION PERTAINING TO YOUR NOMINEE (Please use upper and lower case letters, not all caps.)

NAME THAT YOUR NOMINEE WOULD WANT  
ON HIS/HER AWARD:

PHONETIC SPELLING (please provide this in order to assure  
accurate pronunciation at an awards ceremony)

NOMINEE'S TITLE: Please do not abbreviate.

NAME OF STATE AGENCY: Please do not abbreviate.

Name of Division or Bureau: Please do not abbreviate.

Business Address:

City:

State:

Zip:

-

Telephone #: (    )    -    Ext.

FAX #: (    )    -

Suncom:    -

Email:

### NOMINATOR'S INFORMATION

Name of Nominator:

Title:

Agency:

Address:

City:

State:

Zip:

-

Telephone Number: (    )    -    Ext.

FAX: (    )    -

Suncom:    -

Email:

#### 1. TYPE OF NOMINATION (Choose one.)

a. This nomination is for:

An individual state employee with 20 or more years of state service who has a documented history of exceptional performance.

An individual state employee who has won five or more Prudential - Davis Productivity Awards over a period of five or more years.

Both of the above.

## 2. WRITTEN SUMMARY

### Sample:

#### **Robert Bruce Pierce, Director of Community Health Services Brevard County Health Department**

Mr. Pierce has 22 years of service with the department as a Senior Community Health Nurse and an Advanced Registered Practice Nurse. As Director of Community Health Services, he manages 31 employees and county-wide programs in immunization outreach, sexually transmitted diseases, human immunodeficiency virus and tuberculosis. In 2005, the department was recognized for outstanding results in controlling tuberculosis.

Following the 2004 hurricanes, Mr. Pierce developed an emergency immunization response plan that vaccinated more than 40,000 high risk citizens for estimated taxpayer savings of \$1.5 million. In 2005, he created a system to evaluate physician visits and associated services that improved services at high-end user clinics and increased annual Medicaid revenues by \$180,000. From 2003 through 2005, his office ran the department's United Way Campaign. During this period, Brevard was the only county health department with more than 250 employees that exceeded the state's contribution goal.

His nominator wrote that Mr. Pierce has a passion for public health that is unequalled. "He has the uncanny ability to see a need and find a way to meet it. He has sustained his commitment to excellence for all of the 20 plus years he has served with the Brevard County Health Department." 2008 DOH-100

**Please draft your response, including contact information, as formatted above. Do not use program or agency acronyms or abbreviations without explanation. In order to demonstrate sustained exemplary performance, please include your nominee's major achievements, including numerical performance data where available. Any additional information you wish to provide should be provided in question #4.**

## 3. SPEAKING SUMMARY

### Sample:

The next award is to Bruce Pierce, who is Director of Community Health Services at the Brevard County Health Department

Bruce Pierce has 22 years of service with the department as a Senior Community Health Nurse and an Advanced Registered Practice Nurse.

As Director of Community Health Services, he manages 31 employees and county-wide programs in

- ▶ Sexually transmitted diseases,
- ▶ Human immunodeficiency virus
- ▶ Tuberculosis, and
- ▶ Immunization outreach

Following the 2004 hurricanes, Mr. Pierce developed an emergency immunization response plan that vaccinated more than 40,000 high risk citizens for estimated taxpayer savings of \$1.5 million.

In 2005, he created a system to evaluate physician visits and services that improved services at high-end user clinics and increased annual Medicaid revenues by \$180,000.

From 2003 through 2005, his office ran the department's United Way Campaign. During this period, Brevard was the only county health department with more than 250 employees that exceeded the state's contribution goal.

His nominator wrote that Mr. Pierce has a passion for public health that is unequalled.

"He has the uncanny ability to see a need and find a way to meet it.

He has sustained his commitment to excellence for all of the 20 plus years he has served with the Brevard County Health Department." 2008 DOH-100

Please provide your response as formatted above. The speaking summary should be a condensed version of your written summary, and it should include numerical performance data.

#### 4. OPTIONAL INFORMATION

Please provide any additional data, information or explanation that you think will assist evaluators and the Panel of Judges in understanding and appreciating your nominee's worthiness for sustained exemplary performance recognition.

#### 5. NOMINATOR'S ENDORSEMENT

I, \_\_\_\_\_, hereby recommend the above nominee for a 2009 Prudential - Davis Productivity Award.

---

Signature of Nominator

#### 6. MANAGER'S COMMENT

A bureau chief or higher-level manager (**NOT THE NOMINATOR**) who can verify the nominee's achievement is required to comment on why the nominee deserves an award, patterned after the following sample:

**Sample:** Mr. Craig is among the very finest public servants that I have seen in over 25 years of government service. His professional competence in his field is unexcelled. His judgment is of the highest order. His acumen for identifying suspicious areas in financial reporting is uncanny. He is without peer in his field.

**Your comment:**

---

Signature of Bureau Chief or higher level manager (other than the nominator)

Print Name:

Title:

Telephone Number: (    )    -

Ext.

Suncom:    -

Email:

#### 7. AGENCY AWARDS COORDINATOR REVIEW

I have reviewed this nomination for completeness and for compliance with the nomination guidelines.

---

**Signature of Agency Awards Coordinator**

Print Name:

**8. ENDORSEMENT AND SIGNATURE OF AGENCY HEAD OR DESIGNEE**

Responses to the questions on this nomination form have been represented to me by the nominator and/or awards coordinator as accurate and complete.

---

**Signature of Agency Head or Designee**

Print Name: