## **Presidential Rank Awards Program** Nomination Template – SES Appointee

(Revised 11/2017)

SECTION I - Nominee Information

(Please type information) Year of Nomination FY 2018

| Name (Agency must enter name in ESCS exactly how name should appear on award certificate) Position Title  |                         |                         |  |  |                       |             |  |  |  |
|---|-------------------------|-------------------------|--|--|-----------------------|-------------|--|--|--|
| Agency and Post of Duty Address (include division)  |                         |                         |  |  |                       |             |  |  |  |
| Current Residence (City, State, & Zip Code only)  |                         |                         |  |  |                       |             |  |  |  |
| Current Employment Status ( <i>Check all that apply</i> )     Full-time   |                         |                         |  |  |                       |             |  |  |  |
| Date of Entry into the SES  Type of Award for Which Candidate is Being Nominated for (mark one box only)  |                         |                         |  |  |                       |             |  |  |  |
|   |                         | Distinguished Executive |  |  | Meritorious Executive |             |  |  |  |
| List any previous Presidential Rank Award(s) Received by Nominee (continue on a blank sheet Year Received Distinguished Meritorious                             |                         |                         | et of paper if more space is needed)<br>Year Received  |  |                       | Meritorious |  |  |  |
|   |                         |                         |  |  |                       |             |  |  |  |
|   |                         |                         |  |  |                       |             |  |  |  |
| Executive Level Positions Nominee has held <i>(cont</i> From/To <i>(month &amp; year)</i> Position Title  | ce is needed) Agency    |                         |  |  |                       |             |  |  |  |
|   |                         |                         |  |  |                       |             |  |  |  |
| Does the nominee hold any professional credent  | als required by the nor | minee's position?       |  |  |                       |             |  |  |  |
| (Circle one) Yes No If yes, please provide the following information:  Type of license or certification: State:  License/certification number: Expiration date: |                         |                         |  |  |                       |             |  |  |  |
| SECTION II - Agency Information   |                         |                         |  |  |                       |             |  |  |  |
| Name and Title of Agency Presidential Rank Awards Program Coordinator   |                         |                         | Telephone Number (include area code) and Email Address |  |                       |             |  |  |  |
| Name and Title of Immediate Supervisor  |                         |                         | Signature of Immediate Supervisor                      |  |                       |             |  |  |  |
| Name and Title of Nominating Agency Official  |                         |                         | Signature of Nominating Agency Official                |  |                       |             |  |  |  |
| As the nominating agency official. I certify the information contained in the nominee's justification is accurate and true.                                     |                         |                         |  |  |                       |             |  |  |  |

## **Presidential Rank Awards Program** Nomination Template – Senior Career Employee (Revised 11/2017)

(Please type information) Year of Nomination FY 2018 **SECTION I - Nominee Information** 

| Name (Agency must enter name in ESCS exactly how name should appear on award certificate) Position Title  |   |  |               |             |     |  |  |  |  |  |
|---|---|--|---------------|-------------|-----|--|--|--|--|--|
| Agency and Post of Duty Address (include division)  |   |  |               |             |     |  |  |  |  |  |
| Current Residence (City, State, & Zip Code only)  |   |  |               |             |     |  |  |  |  |  |
| Current Employment Status (Check all that apply)  i Full-time Part-Time Intermittent Re-employed Annuitant Other  |   |  |               |             |     |  |  |  |  |  |
| Date of Entry into SL/ST Position   | Type of Award for Which Candidate is Being Nominated for (mark one box only)  Distinguished Senior Professional Meritorious Senior Profes |  |               |             | nal |  |  |  |  |  |
| List any previous Presidential Rank Award(s) Received<br>Year Received  | et of paper if more space is needed) Year Received  |  | Distinguished | Meritorious |     |  |  |  |  |  |
|   |   |  |               |             |     |  |  |  |  |  |
| Senior Level and/or Scientific/Professional Positions Nominee has held (continue on a blank sheet of paper if more space is needed)  From/To (month & year) Position Title Agency   |   |  |               |             |     |  |  |  |  |  |
|   |   |  |               |             |     |  |  |  |  |  |
|   |   |  |               |             |     |  |  |  |  |  |
| Does the nominee hold any professional credentials required by the nominee's position?  (Circle one) Yes No If yes, please provide the following information:  Type of license or certification: State:  License/certification number: Expiration date: |   |  |               |             |     |  |  |  |  |  |
| SECTION II - Agency Information   |   |  |               |             |     |  |  |  |  |  |
| Name and Title of Agency Presidential Rank Awards Pr  | Telephone Number (include area code) and Email Address  |  |               |             |     |  |  |  |  |  |
| Name and Title of Immediate Supervisor  | Signature of Immediate Supervisor   |  |               |             |     |  |  |  |  |  |
| Name and Title of Nominating Agency Official  | Signature of Nominating Agency Official   |  |               |             |     |  |  |  |  |  |