

**DUKE UNIVERSITY & HEALTH SYSTEM BLUE RIBBON AWARDS  
PRESIDENTIAL AWARD NOMINATION FORM**

**Deadline to Submit: Friday, February 10, 2017**

**NOMINEE:**

\_\_\_\_\_ *Dr./Ms./Mr.* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last*

**Duke ID:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Complete Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Nominee's Direct Supervisor:** \_\_\_\_\_ **Supervisor's Email:** \_\_\_\_\_

**Category (Please check one):**

- Clerical/Office Support  
 Managerial

- Clinical/Professional  
 Executive Leadership

- Service/Maintenance

**Years of Service in Current Position:** \_\_\_\_\_

**NOMINATOR:**

\_\_\_\_\_ *Dr./Ms./Mr.* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last*

**Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Complete Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NOMINEE'S DEPARTMENT HEAD AUTHORIZATION (MUST BE DEPARTMENT HEAD LEVEL OR HIGHER)\***

**Name:** \_\_\_\_\_ *First* \_\_\_\_\_ *M. I.* \_\_\_\_\_ *Last* **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Complete Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*\*Nomination is incomplete without the signature of the nominee's department head. By signing this nomination form, the nominee's department head confirms that the nominee is eligible to be considered for this award.*

**Please check the nomination criteria which apply (must check at least one):**

- Overall performance has regularly and consistently exceeded expectations, and has reflected a high level of service, trustworthiness, and respect
- Completion of an especially formidable task for the University and/or Health System
- Work which has resulted in a significant boost in quality, productivity and/or cost savings
- Efforts which have resulted in measurable improvements in safety

**Please attach a typed summary explaining how the Nominee has demonstrated the criteria checked above and why they should be considered for the Presidential Award.**

**HELPFUL TIPS:**

- 1) Cite specific examples of Nominee's work and achievements which have made him/her eligible for nomination.
- 2) Describe how the University and/or Health System have benefited from Nominee's work.
- 3) Strongly recommended – Include letters of support from additional co-workers, supervisor/manager, and/or department head.

**Completed nominations must be received by 5:00 p.m., Friday, February 10, 2017**

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