

SEARCH FOR OUTSTANDING LGU-SJC EMPLOYEES

(Leadership Award, Natatanging Kawani Award, Kagandahang Asal Award,
and Outside-the-Box Thinker Award)

For Outstanding Work Performance

PASTE

1 ½" x 2"

(passport size)

Photo here

Individual Category Group Category (Applicable only to Outside-the-Box Thinker Award)

Leadership Award ; Kagandahang Asal Award; Outside-the-Box Thinker Award

Natatanging Kawani Award :

- | | |
|---|--|
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Disaster Preparedness and Social Safety |
| <input type="checkbox"/> Tourism and Environmental Protection | <input type="checkbox"/> Design, Engineering and Community Development |
| <input type="checkbox"/> Agriculture, Veterinary and Food Security | <input type="checkbox"/> Micro and Macro Economic Enterprise |
| <input type="checkbox"/> Administrative, Technical and Management Support | <input type="checkbox"/> Frontline Service Providers |

PERSONAL INFORMATION

(For group nominees, kindly fill out one SEAP Form 1 per member.
Take note, however, that only one write-up is required to be submitted for group nominations.)

Name:	Department:
Position:	Date of Birth:
Residence Address:	Place of Birth:
Telephone/Cellphone Nos:	Level of Position: <input type="checkbox"/> 1 st Level
Agency Address:	<input type="checkbox"/> 2 nd Level (Executive Managerial)
Telephone/Cellphone Nos:	Email address:
<i>For group nominees only</i>	
Name of Group:	

OFFICE HEAD

Name:
Position:
Telephone / Cellphone Nos.:
Email address:

NOMINATOR

Name:	Position:
Agency:	Telephone/Cellphone Nos.:
Agency Address:	Email address:

Additional Information about the Nominee (Individual):

Were you a previous SEAP Nominee? Yes No What year: ____ What Award Category: _____

Were you a previous SEAP Semi-finalist? Yes No What year: ____ What Award Category: _____

Were you a previous SEAP Awardee? Yes No What year: ____ What Award Category: _____

Additional Information about the Nominee (Group):

Were your group or any of your member a previous SEAP Nominee? Yes No

What year: ____ What Award Category: _____

If only your member/members was/were nominated, indicate his/her/their names: _____

What year: ____ What Award Category/ies: _____

Were your group or any of your member a previous SEAP Semi-finalist? Yes No

What year: ____ What Award Category: _____

If only your member/members was/were nominated, indicate his/her/their names: _____

What year: ____ What Award Category/ies: _____

Were your group or any of your member a previous SEAP Awardee? Yes No

What year: ____ What Award Category: _____

If only your member/members was/were nominated, indicate his/her/their names: _____

What year: ____ What Award Category/ies: _____

Nomination Write-up (Individual):

(Maximum of 5 pages, long bond paper/8.5 x 13, Times New Roman/Arial font no. 12, including executive summary)

Name of Nominee:

Department:

Position:

Length of Service:

***In the Position:**

***In Government:**

I. Executive Summary

Put your text here.

II. Significant Accomplishment/s within the Previous Year (Description of the Project/Work Accomplished, Strategies/Activities Done and Problems Encountered)

Put your text here.

III. Impact of Accomplishments (Indicate problems addressed, savings generated, people/office benefited and transactions facilitated. Indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative. If part of nominee's regular duties or mandated, justify why the accomplishments are considered exemplary or extraordinary)

Put your text here.

IV. Other Information (Other awards or recognitions received, affiliations)

Put your text here.

CERTIFICATION

We attest to all facts contained herein and authorize the use of these information for publication. We understand that San Jose City's Program on Award and Incentives for Service Excellence (PRAISE) Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

Printed Name and Signature:

Nominee

Nominator

Head of the Office

Nomination Write-up (Group):

Maximum of 5 pages, long bond paper/8.5 x 13, Times New Roman/Arial font no. 12, including executive summary)

Name of Group:

Department:

Names of Nominees:

Positions:

Length of Service in the Position:

***In the Position:**

***In Government:**

I. Executive Summary

Put your text here.

II. Significant Accomplishment/s within the Previous Year (Description of the Project/Work Accomplished, Strategies/Activities Done and Problems Encountered)

Put your text here.

III. Impact of Accomplishments (Indicate problems addressed, savings generated, people/office benefited and transactions facilitated. Indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative. If part of nominee's regular duties or mandated, justify why the accomplishments are considered exemplary or extraordinary)

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Printed Name and Signature:

Group Nominee's Head

Nominator

Head of the Office