PLEASE PRINT CLEARLY

HEART OF GOLD/HEART FELT NOMINATION FORM

Did one of our employees provide exceptional customer service to you your family member? Has one of our employees made a significant impact on your quality of life? If so, you ma use this form to recognize his/her contribution to your care. If you would like to nominate multiple employees, please complete one form per employee.

Date of Nomination:_____

*Name of Employee:_____

First Last

Department/Service of Employee:_____

Location if known: ◯ FM ◯ HS ◯ RCC

*Your Name_____

How can we reach you if we have a question? _____

May we release your name? ◯ YES ◯ NO

*If this information is not given, this ballot is not eligible for consideration.

Please describe in **DETAIL** how this employee provided outstanding customer service or care to your or our family member. Please include how this employee depicts the VA Core Values of I-CARE (Integrity, Commitment, Advocacy, Respect and Excellence).

(Please use additional paper as needed)

U.S. Department of Veterans Affairs

VA Core Values and Characteristics

I CARE

Please give this form to any employee to forward to Human Resources (HRM) or email it to: VHABHHCSHRSBUStaffing@va.gov