SPIRIT OF PUBLIC HEALTH AWARD NOMINATION FORM



# Do you know a CPH staff member who you think has demonstrated outstanding LEADERSHIP, COMMITMENT or INNOVATION?

The Spirit of Public Health Award honors our exceptional staff members who have shown that spirit of public health through their work or volunteers efforts.

## **ELIGIBILITY**

Any Columbus Public Health employee may receive the award, provided they meet the following requirements:

- Minimum of one full year continuous service with the CPH;
- Most recent annual performance review completed with overall minimum of "Successful" rating for HACP staff; minimum "fully competent" rating in each AFSCME category with no "unacceptable" scores;
- No disciplinary action within past year, and no pending disciplinary actions or current investigations that could lead to disciplinary action;
- An employee is prohibited from winning the award in two consecutive years.

#### CRITERIA

The award will be presented to staff demonstrating "Exceptional Commitment to Improving Public Health" through one or more of the following:

- Outstanding client service
- Coordinating or developing innovative efforts to improve public health
- Leadership in addressing an emerging health concern
- Mentoring/coaching other CPH colleagues to demonstrated improvement in job performance
- Professional development and use of acquired skills to significantly improve client service or department programming
- Volunteer efforts outside of the normal workday to improve the health and safety of our community

## **SUBMITTING**

The completed nomination **must be submitted by January 31, 2020**. Nominations can be submitted 3 ways:

- Online: Complete the online form: www.columbus.gov/spirit\_of\_public\_health.aspx.
- **In person:** Hand deliver your completed nomination form to Tracy Poling in Human Resources at Columbus Public Health (240 Parsons Ave., Columbus, OH 43215).
- **Via fax:** Fax your completed nomination form to Tracy Poling at (614) 645-7637.



# SPIRIT OF PUBLIC HEALTH AWARD NOMINATION FORM

NAME OF NOMINEE:
Nomination submitted by:
Signature: Date:
Relationship to Nominee:
NARRATIVE
Describe in 500 words or less how the nominee demonstrates one or more of the award criteria. Be specific, including examples and results of the employee's action(s) or commitment(s) relating to the award criteria. If needed, please attach another page.

