**GEM Award Nomination Form**

**(Going the Extra Mile)**

Today’s Date \_\_\_\_\_\_\_\_\_\_

Name of Nominated Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emerald Category (Dependency Case Managers and Dependency Case Manager Supervisors in all counties)

Ruby Category (ALL other positions throughout the CCKids organization)

Nominated Employee Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give specific examples or reasons for nomination:

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Name of person making nomination