**Spot Bonus Nomination Form**

See eligibility and instructions guide prior to completing this form.

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| --- | --- | --- | --- | --- |
| Employee Information | | | | |
| Name: | Employee name | Date: | Submission Date |  |
| Employee ID: | Employee PS ID | Title: | Employee title |  |
| Date of Hire: | Employee hire date | Division: | Employee division |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Type of Recognition | | | | |
| ☐ Outstanding Service ☐ Project Participation ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Submitter: | Your name | Amount: | Suggested $ amount |  |
|  |  |  |  |  |

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| Justification |
| Employee exemplified the following [IDOH Core Values](https://www.in.gov/health/about-the-agency/mission-and-vision/): *(check all that apply)*  ☐ Health Equity ☐ Communication ☐ Innovation ☐ Integrity |
| *Enter a justification of less than 500 words in accordance with the program guidelines and clearly connect your rationale to the suggested dollar amount. Examples can be found in the Eligibility/Instruction guide. Be sure to highlight how the employee demonstrated IDOH Core Values.* |
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| Approvals Required | | | | |
| Assistant Commissioner: |  | Date: |  |  |
| Human Resources: |  | Date: |  |  |
| Chief Comms Officer: |  | Date: |  |  |
| Chief of Staff: |  | Date: |  |  |
|  |  |  |  |  |
| Final Decision: | ☐ Approved ☐ Denied | Amt: | $ |  |
|  |  |  |  |  |