Natatanging Kawani Awards 2014

\_\_\_\_\_\_\_\_**Quarter**

**Nomination Form**

The ***“Natatanging Kawani”*** Awards is a set of awards that recognizes the outstanding performance of the Account Officer and other equivalent positions of the CARD Mutually Reinforcing Institutions (CARD MRI). Overseen by the “Task Force Kawani”, an annual formal ceremony will be organized during the Year-end Business Review and Planning of CARD MRI to formally announce the three awardees which are tagged as:

* “ Natatanging Kawani” – Gold
* “ Natatanging Kawani” – Silver
* “ Natatanging Kawani” – Bronze

*In the space provided below cite specific examples of exemplary quality service or job performance exhibited by the employee you are nominating for the award. Please fill in all the necessary information below before submitting your nomination. Nominations are* ***due*** *on****\_\_\_\_\_\_\_\_\_\_\_\_ 12:00 MD****. Late submissions will not be accepted and incomplete applications will not be considered. Remember to keep your answers brief and most importantly to give specific examples.*

***Nominee***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Designation***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Institution***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Unit/Branch***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Years of Service*** (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date nominated***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Nominated by***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Designation***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Institution***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Cell phone No***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Briefly state what made you decide to nominate this employee:***
2. ***Describe your relationship to the nominee and how you PERSONALLY, became aware of the importance of his/her extraordinary accomplishment and their impact on the institution.*** *(not more than 100 words)*
3. ***What makes this employee outstanding? Please provide specific example i.e productivity, portfolio quality, ways employee has contributed to institution’s success, superior client service with example and elaborate on any incidents or accomplishments offered as a basis for nomination*** *( please attached a piece of paper if more space is needed)*
4. **On a scale of 1 to 10 please rate the employee in the following areas**:

***Competence***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attendance and Punctuality***: \_\_\_\_\_\_\_\_

 ***Client Service***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Relations with other Employees***:\_\_\_\_\_\_\_\_\_

1. **Please attach Complete filled up Productivity Form of the Person you nominate.**

*Nomination forms can be emailed to card.natatangingkawani@gmail.com, faxed to (049) 562-0009, or mailed to c/o Community Development Group, 2/F Annex Building, CARD MRI Head Office, 20 M. L. Quezon St., City Subdivision, San Pablo City, Laguna.*