



# ADR AWARD NOMINATION FORM

INSTRUCTIONS: Please complete this form including a brief narrative describing the individual or group's contribution to VA's Workplace ADR Program. The narrative must address each of the nomination criteria listed in the award announcement. Please limit your narrative to the space provided.

### NOMINEE

NAME OF INDIVIDUAL OR PROGRAM NOMINATED	STATION ADDRESS
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### NOMINATOR

NAME OF NOMINATOR	STATION ADDRESS	
TITLE		
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

### APPROVING OFFICIAL ACTION

ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVING OFFICIAL COMMENTS
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NAME OF APPROVING OFFICIAL
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TITLE/ORGANIZATION
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DATE OF ACTION
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### NARRATIVE

INSTRUCTION: Please include the dates from which the ADR accomplishment(s) occurred. In addition, please complete and attach VA Form 0235.

DESCRIPTIVE NARRATIVE <i>(Continue on next page if needed)</i>
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DESCRIPTIVE NARRATIVE *(Continued from page 1)*