



# H. R. LABOUNTY SAFETY AWARD PROGRAM NOMINATION FORM

Agency: \_\_\_\_\_

Employee Nominated:

Name: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Reason for Nomination:

Nominated by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

General Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this form with supporting documents and digital photos to [tlofinq@acwajpia.com](mailto:tlofinq@acwajpia.com) or mail to:

ACWA JPIA  
P.O. Box 619082  
Roseville, CA 95661-9082  
FAX: (916) 774-7040

