

EXHIBIT "A"

**Employee Self-Nomination For Incentive Award
Richmond VA Medical Center**

Employee Name: _____

Telephone Number: _____

Position: _____ Title: _____ Grade: _____

Organization: _____

First Line Supervisor's Name: _____

First Line Supervisor's Telephone Number: _____

Reason For Consideration With Justification (include relevant date(s) and specific details concerning special contributions or performance, and the impact or effect of the contribution or performance on the organization, mission, and patient services):

Employee Signature: _____ Date Submitted: _____

Action By First Line Supervisor:

This Self-Nomination has been reviewed and considered: Yes No (circle one)

Action Recommended: _____

First Line Supervisor Signature: _____ Date: _____