



EXCELLENCE IN TRANSPORTATION AWARD

Application must be received by the ITD Awards Coordinator by **Thursday, March 30, 2017 at 4:00 p.m.**

ITD Career Achievement Award - Nomination Criteria

This award recognizes an employee with 20+ years of service to ITD who has made many significant contributions to the organization and his/her peers. The employee must currently be employed by ITD or have retired within the last twelve months.

Narrative: Please provide a brief narrative describing the nominee's outstanding contributions and accomplishments in the following areas:

- Dedication to his/her own professional growth as well as the professional development of fellow employees
- A role model and/or mentor to others
- Advancement of ITD through innovative processes and procedures
- Recognizes when change is needed and successfully implements those changes
- Consistent performance at a high level of achievement

Entry Requirements:

- 1.) Nomination narrative is limited to 1000 words
 - a. Photos included within the narrative document are permissible
- 2.) Narrative document to be double-spaced for readability
- 3.) Submit an electronic copy of the nomination narrative and nomination application
 - a. Documents submitted in Word or as pdfs are acceptable
 - b. Email all files to adam.rush@itd.idaho.gov

Judging: The winning nomination will be selected by a panel of qualified professionals from across the transportation profession. The award winner will be recognized at an Idaho Transportation Department Board meeting later this year.

Send Entries To:

Adam Rush - Awards Coordinator
Idaho Transportation Department – HQ Office of Communications
(3311 W. State Street) PO Box 7129
Boise, Idaho 83707-1129

For questions, please contact Adam Rush at 334-8119 or adam.rush@itd.idaho.gov

Official Nomination Application

About the Nominee:

Nominee Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Company: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Name of Individual(s) Submitting Nomination: [Click here to enter text.](#)

Company: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City/State/Zip: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Application sheet must be attached to nomination to ensure proper contact information is provided on the nominee and submitting party in case further information is required.

Nominations for the ITD Career Achievement Award may be submitted by ITD or non-ITD parties.