



Oswego Police Department Employee of the Quarter Nomination Form

Nominated Candidate:	Date of Nomination:	Name of Nominator:	Phone # of Nominator:
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JUSTIFICATION:

Signature of Nominator

SUPERVISOR: _____ Date _____ Approved Denied

Comments:

DIVISION
DEPUTY CHIEF: _____ Date _____ Approved Denied

Comments:

To be completed by the Office of Chief of Police

Date Received: _____ Action Taken: _____

Chief of Police