REWARDING EXCELLENCE PROPOSAL/APPLICATION

SECTION I – GENERAL INFORMATION

Project Name_____

Team Leader_____

Team Facilitator _____

Team Mentor _____

Lead Division_____

Location(s)_____

Phone_____ Fax _____

List names of all team members. (Please add more lines if necessary.)

Name	Email	Telephone

We (the team) understand that this application will be reviewed by members of the *Rewarding Excellence* review panel. We (the team) acknowledge and understand that this is a voluntary program. An employee may not grieve or appeal decisions rendered by the Review Panel or CAO. We (the team) agree to an open discussion of our proposal/application during the review process. We (the team) give the County permission to publicize any of the material contained in this application. We (the team) certify that to the best of our knowledge that the information contained in this proposal/application is accurate and complete.

_____ _____

Signature of Team Leader (Representing the Team) Date

I have read this proposal/application. Please see my comments attached.

_____ _____

Signature of Departmental Designee (Mentor) Date

I have read this proposal/application. Please see my comments attached.

_____ _____

Signature of Department Director Date

Please attach forms containing comments from all RETAP Members, Mentor, and the Department Director to the back/bottom of this application/proposal.