



# H.E.R.O. Feedback Form

Humanitarian Efforts Recognized by Okaloosa County  
(To be completed by Department Director)

Employee's Full Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Detail reasons why Director is nominating employee for a H.E.R.O. Award:

Nominating Director Name:

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

**Send this form, along with any documentation (if applicable) to HR for review.**

<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	HR & RM Director Review: _____
Comments: _____		
County Administrator (or designee) signature: _____		
Date: _____		

**Directions to CAO staff:**

***If approved:***

- Coordinate, between Department Director and County Administrator, recognition at an upcoming Board meeting
- Prepare certificate for presentation; forward copy to HR
- Forward a copy of all documentation to Public Information Officer
- Forward original Feedback form and any attached documentation to HR

***If denied:***

- Copies of this form and any supporting documentation, if applicable, to Director
- Original copy of this form and any supporting documentation to HR

**Directions to PIO:**

- Coordinate the following: picture of employee on website (if agreeable), press release, and spotlight in the next County Newsletter

**Directions for HR:**

- Payroll HR Specialist process 8 hours of leave for all approved employees
- Enter information in tracking database
- All paperwork to be filed in employees HR file