JANE OSBORNE MEMORIAL AWARD
For recognition of a classified employee whose efforts have exemplified professionalism in the performance of his/her job responsibilities for the past fiscal year (October 1-September 30).

1. Nominee’s name: ____________________________________________________________
   Title: ____________________________________________________________________
   County/Department: __________________________________________________________
   Telephone number: __________________________________________________________

2. Describe the outstanding service rendered or job related accomplishments of the nominee (250 words or less):
   __________________________________________________________________________

3. Cite special skills related to these accomplishments (250 words or less):
   __________________________________________________________________________

Nominator: _________________________________________________________________
   Title: ____________________________________________________________________
   Email: ____________________________________________________________________
   Telephone: __________________________________________________________________
   Date: ____________________________________________________________________