



The Governor's State Employee Medal of Valor Award is the highest honor California bestows upon employees who risked their lives to save others or state property. Please carefully provide all required nomination information and documentation, and submit to Merit@CalHR.ca.gov.

1. DEPARTMENT INFORMATION

Department:

Director:

Title:

Address:

Phone:

Email:

2. PUBLIC AFFAIRS/COMMUNICATIONS DIRECTOR

Contact:

Title:

Address:

Phone:

Email:

3. MERIT AWARD ADMINISTRATOR

Merit Award Administrator:

Title:

Address:

Phone:

Email:

4. NOMINEE INFORMATION

Nominee:

Title and classification (on date of act):

Current title and classification (if different):

Address:

Phone:

Email:

5. RECOMMENDED AWARD

Please select recommended award for nominee (select only one):

Special Act (Gold)

- ☐ An extraordinary act of heroism by a state employee extending far above and beyond the normal call of duty or service performed at great risk to his/her own life in an effort to save human life.

Special Service (Silver)

- ☐ An act of heroism by a state employee extending above and beyond the normal call of duty or service performed at personal risk to his/her safety to save human life or state property.

6. ACT OF HEROISM CITATION

Date of act:

Approximate time of act:

Approximate location of act:

Please attach a comprehensive summary of the heroic act that clearly identifies and supports how the nomination meets the criteria for this award (see Section 5 above). The detailed citation must include weather conditions, environmental hazards, personal risks to the nominee, if the nominee was on or off duty, and how the act of heroism performed surpassed the nominee's normal job duties. The citation should not exceed 1.5 pages.

7. PERSON(S) RESCUED

Name and contact information for person(s) rescued (attach additional paper, if necessary):

Name:

Email:

Address:

Phone:

Name:

Email:

Address:

Phone:

8. ACT OF HEROISM SUBSTANTIATION

What additional materials or supporting evidence have you attached to substantiate the heroic act of this nomination? (check and attach all that apply):

- ☐ Duty statement (required with submission)
- ☐ Citation (required with submission)
- ☐ Investigating police, fire and/or other emergency agency reports
- ☐ Eyewitness reports
- ☐ Newspaper articles
- ☐ Internal investigation/reports
- ☐ Press releases
- ☐ Media links
- ☐ Other (please describe)

I certify that the details provided herein for this nomination are accurate and true to the best of my knowledge and recommend a Governor's State Employee Medal of Valor Award be given to the above nominee for their Special Act/Special Service in accordance with the provisions of Section 19823 of the Government Code and procedures set forth in CalHR Regulations 599.655

Nominator name:

Title:

Address:

Division:

Phone:

Email:

Signature

Date

9. DEPARTMENTAL APPROVAL

Director name:

Title:

Signature

Date