

## I CARE AWARD Nomination Form

Actions that exemplify any of the one core values of Integrity, Commitment, Advocacy, Respect, Excellence (“I CARE”) positively impact performance measures established for our Medical Center.

Individual/ Team has demonstrated one of the core values by their action(s) documented below. Present this justification to any supervisor for signature then email it to [VHATUAICAREAWARDS@va.gov](mailto:VHATUAICAREAWARDS@va.gov) to be considered at the quarterly ICARE Awards Committee meeting for a monetary award of \$200.

Name & Service Line/Routing Symbol of employee to be recognized:

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### Reason for Recognition

Highlight only one value exemplified and provide a thorough justification.

Write-ups should be at least a paragraph in length and describe a specific event or incident where an employee exemplified the ICARE values in their role at work.

*Attachments are allowed with submission.*

INTEGRITY:

COMMITMENT:

ADVOCACY:

RESPECT:

EXCELLENCE:

**Additional Space for Write-up**

**Nominated By:**

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**Print Name**

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**Signature**

**Date**

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**TO BE COMPLETED BY HUMAN RESOURCES PERSONNEL**

**Approved By:**

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**Signature of HR Representative**

\_\_\_\_\_  
**Date**

**Approved By:**

\_\_\_\_\_  
**Signature of ICARE Board Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

**Approved By:**

\_\_\_\_\_  
**Signature of Medical Center Director**

\_\_\_\_\_  
**Date**

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