



HUDSON MILESTONES

FY2020 ALL STAR AWARD NOMINATION

This nomination is for FY2020 (July 1st – June 30th)

I, hereby nominate _____

for the All Star Team representing the Department of: (please check one)

- ★ _____ Day Support Services
- ★ _____ Residential Services
- ★ _____ Finance & Operations
- ★ _____ Quality Assurance

PLEASE SUBMIT NOMINATION BY 7/17/20

I am nominating this person because: (Please explain in a few sentences why this person should be recognized for outstanding job performance.)

Signature of Nominator

Signature of Program Coordinator

Signature of Department Director

