

INFORMATION ON TEAM/GROUP MEMBERS
(For Group/Team Nominations)

Name of Team Members	Position/Status of Appt./Agency	Outstanding Contribution/s of each member <i>(including those of disqualified members)</i>	Performance Rating <i>(for the last two (2) rating periods)</i>	Reason for disqualification of the member/s, if any

----- CERTIFICATION -----

I hereby attest to all the facts contained herein and authorize the Committee on Awards to conduct background investigation and validate the accuracy of the information in this form.
Any misrepresentation made by the signatory shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

Chair, PRAISE Committee
Signature over printed name