

Montana State University Billings Police Department

Award Nomination Form

This form is to be used in association with policy 108.2

This section is to be completed by the person making the nomination

Incident

Related Agency and Case Number	Incident Date/Time	Submission Date/Time

Nominee

Submitted by

Last, First, MI	Last Name, First Name, MI
University Employment Status: <input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN	Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO
Signature: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Brief Details of Incident

Award Recommended

<input type="checkbox"/> Medal of Honor	<input type="checkbox"/> Medal of Valor	<input type="checkbox"/> Officer' s Medal
<input type="checkbox"/> Purple Heart	<input type="checkbox"/> Distinguished Service Medal	<input type="checkbox"/> Meritorious Service Medal
<input type="checkbox"/> Official Commendation	<input type="checkbox"/> Certificate of Achievement	<input type="checkbox"/> Letter of Commendation

Awards Committee Findings

This section is to be completed by the Awards Committee Chairperson

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Reduced
<input type="checkbox"/> Medal of Honor	<input type="checkbox"/> Medal of Valor	<input type="checkbox"/> Officer' s Medal
<input type="checkbox"/> Purple Heart	<input type="checkbox"/> Distinguished Service Medal	<input type="checkbox"/> Meritorious Service Medal
<input type="checkbox"/> Official Commendation	<input type="checkbox"/> Certificate of Achievement	<input type="checkbox"/> Letter of Commendation

Awards Committee Chairperson's Name:	Signature:	Date:

Comments

Final Review

This section is to be completed by the Chief of Police

Comments

Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	Chief's Signature:	Date: