# FORM 2

## SUPERVISOR'S RECOMMENDATION

**Nominee's Name:** _____

Ministry/Department: _____

Division/Unit/Section: _____

Supervisor's Name: _____

Position/Title: _____

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Work location: _____

Tel: _____ Official E-mail:_____

1. How long have you worked with the officer? _____

2. Describe the impact of the officer's contributions to the work place.
(Include noteworthy accomplishments, skills, innovativeness etc.)

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3. Comment on the officer's work ethics and efficiency, ability to communicate with and inspire others, and role as a team player.

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**Supervisor's Signature** _____

**Date**_____