



WISCONSIN FTOA FTO OF THE YEAR NOMINATION FORM

Name & Title of Nominee:

Department Name & Address:

Law Enforcement // **Corrections** // **Communications**

NOMINATION CRITERIA:

Dates and Types of Recognition Earned in Past Year:

Additional Duties Performed Outside of FTO:

Length of Time Served as FTO:

NOMINATING PARTIES COMMENTS OF QUALIFICATION FOR EACH FOLLOWING CATEGORY:

SERVICE:

LEADERSHIP:

AMBITION:

NARRATIVE:

NAME & TITLE OF NOMINATING PERSON:

DEPARTMENT NAME & ADDRESS:

CONTACT EMAIL:

FOR WI FTOA USE ONLY:

REVIEWER NAME:

REVIEW DATE:

REVIEWER COMMENTS/SCORES: