

Collin County
Going the Extra Mile (GEM) Recognition Form

Honoree's Name: _____
First Name _____ Middle Initial _____ Last Name _____

Honoree's Job Title: _____

Department: _____

Years of Service with the County: _____

Why the Honoree is receiving a GEM Award including dates:

Approved by elected official or department head on the _____ day of _____, 20 ____



Signature of Elected Official
Or Department Head

Printed Name