

THE AMERICAN LEGION OF MONTANA VA EMPLOYEE OF THE YEAR PROGRAM

The purpose of this document is to provide the latest information that pertains to the Montana VA Employee of the year program. This program was established during the 2017 Department Convention by the Department of Montana. The deadline for submitting applications for this award will be 1 April of each year.

American Legion Posts submitting recommendations for this award should select a VA Employee from one of the VA facilities that is not only an outstanding VA Employee but also supports various community activities. There is no age or position requirement for this award.

The application for Montana VA Employee of the Year should be filled out in full and signed by the Post Commander and the Post Adjutant. The Post submitting this recommendation should include a **letter which explains** the activities of the VA Employee and other information that can be considered for this award. Examples of information that can be considered include: community projects involvement; participating in children & youth activities; assisting members of the community; helping with church and school activities. In general, any activity that is a positive reflection about the VA Employee being considered for this award.

Selecting winners and determining awards for this program will be determined by the Montana Department Service Officer, VAVS Chairmen in Fort Harrison, Miles City and Billings. Applications are to be submitted to the following address:

American Legion of Montana
PO Box 6075
Helena, MT 59604

The deadline for submitting applications for this award is 1 April of each year. This will allow enough time to evaluate each application and determine who will receive first place honors.

**THE AMERICAN LEGION
MONTANA VA EMPLOYEE OF THE YEAR**

Date: _____

Name: _____ Sex: M / F Age: _____

Home Address: _____

City/State _____ Zip Code: _____ Phone #: _____

Marital Status: _____ Spouses Name: _____

Time as Employee: ____ Yrs. ____ Mo.

VA Facility Name: _____

VA Facility Supervisor: _____ Title: _____

Nominee's Supervisor: _____ Title: _____

VA Facility Address: _____ Zip Code: _____

Phone #: _____ Post Submitting Application: Post # _____

Post Service Officer: _____

Address: _____

City/State _____ Zip Code: _____ Phone #: _____

Post Commander: _____

(Signature)

Post Adjutant: _____

(Signature)