

COLLEGE OF SCIENCE: STAFF RECOGNITION SEMESTERLY AWARD

All nomination forms are confidential. Please see attached page for specific information regarding eligibility and the nomination process. All information submitted will be kept under strict confidentiality and will remain within the committee. Please complete this form, print, and submit it to the Dean's Office.

I (We) nominate _____ of the _____ department for the current year Staff Recognition Semesterly Award.

Please **address each of the application criteria** below and give specific examples (attach additional page(s) to this form if necessary).

1. Job Performance

Indicate contributions which exemplify commitment to excellence in job performance, customer service, improved efficiency and/or cost reduction, dedication, specific work expertise. (Limit responses to 1000 characters)

2. Successful Interaction and/or Relationships with Other People

Indicate demonstrated ability to work as a team member and demonstrated willingness to enthusiastically assist (faculty, staff, students, and/or visitors) from first contact to resolution of problems or projects. (Limit responses to 1000 characters)

3. College/University-wide Service

Indicate service on department, unit, and College/University committees and/or participation in department, unit, and College/University events or projects. (Limit responses to 1000 characters)

4. Other Noteworthy Accomplishments Which Advance the Goals of the College of Science

Indicate community service, completion of an academic goal, participation in staff professional development activities, etc. (Limit responses to 1000 characters)

5. Additional Comments or Relevant Information

(Limit responses to 1000 characters)



Signature of Nominator: _____

Name of Nominator (print or type): _____

Department: _____ Date: _____

Other Supportive Signatures

Signature of Nominator: _____

Name of Nominator (print or type): _____

Department: _____ Date: _____

Signature of Nominator: _____

Name of Nominator (print or type): _____

Department: _____ Date: _____