YOUR INSTITUTION’S NAME HERE
NOMINATION FORM
2011 Student Employee of the Year

Student’s Name:

Permanent Address: Local Address:

Phone: Phone:

Nominee’s Job Title and Job Description:

Length of time nominee has been employed in the position:

Please describe the accomplishments of the nominee that you feel qualify him/her to be considered for the award of Student Employee of the Year. Please keep the following in mind: reliability; quality of work; initiative; professionalism and uniqueness of contribution. (Use additional space as needed.)

Name/Title of Nominator:

Department:

Signature: Date:

Please return to: Campus Deadline: February 14, 2011