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## NOMINATION FORM

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**Please complete the following:**

The following individual has displayed excellence as a support staff employee in

\_\_\_\_\_ County Public Schools.

(NAME OF COUNTY)

Name \_\_\_\_\_ Local Association \_\_\_\_\_

School/Department \_\_\_\_\_ Position \_\_\_\_\_

**The support staff employee has been nominated by:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

**Please check below your involvement with the nominee:**

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Student  | <input type="radio"/> Parent/Citizen      |
| <input type="radio"/> Employee | <input type="radio"/> School Organization |
| <input type="radio"/> Other    |   |

\_\_\_\_\_  
Signature, Local Association President\*

\_\_\_\_\_  
Date

\*Required if a local association is the nominator.

