

**Angelo State University**  
**Nomination Form**  
**Employee Excellence Award**

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Month/Year Employed \_\_\_\_\_

Current Responsibilities:

Basis for Nomination:

Special Factors to be Considered:

Printed Name for Nominator: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Chair of the Staff Senate.

Nominations must be received by the Chair of the Staff Senate by 5:00 p.m. of the first work day in December to be considered for annual award. Supporting materials should be attached behind this nomination form.