

Angelo State University

**Nomination Form  
Staff Excellence Award**

*Please type or print. Additional pages and supporting materials that may contribute to the nomination may be attached behind this nomination form.*

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

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

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

**Current Responsibilities:**

**Basis for Nomination:**

**Special Factors to be Considered:**

Printed Name of Nominator: \_\_\_\_\_

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

The information you have supplied on this form is maintained by the Staff Senate.  
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 p.m. of the first work day in December to be considered for the annual award.